# COMMUNITY EFFORTS IN DRUG ABUSE PREVENTION AND EARLY INTERVENTION

## HEARING

BEFORE THE

## SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

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# COMMUNITY EFFORTS IN DRUG ABUSE PREVENTION AND EARLY INTERVENTION

MONDAY, SEPTEMBER 14, 1981

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
*New York, N.Y.*

The select committee met, pursuant to call, at 9:30 a.m., in Courtroom No. 1, U.S. Court of International Trade, One Federal Plaza, New York, N.Y., Hon. Leo C. Zeferetti (chairman of the select committee) presiding.

Present: Representatives Leo C. Zeferetti, Charles B. Rangel, Benjamin A. Gilman, Mario Biaggi, and Frank J. Guarini.

Staff present: Patrick L. Carpentier, chief counsel; Roscoe B. Starek III, minority counsel; Edward H. Jurith, professional staff member; Nona Cofield, secretary; James Heavey, press officer; and Philip Leshin press officer.

Mr. ZEFERETTI. Good morning, ladies and gentlemen. Today the Select Committee on Narcotics Abuse and Control will conduct a public hearing to assess community and organizational responses to the problem of drug abuse. This day's hearing will focus upon drug abuse prevention and early intervention programs sponsored by educational, religious, labor, business, and public groups.

I do not believe it is an understatement to claim that for too long the importance of prevention and intervention programs have been overshadowed by addiction treatment and rehabilitation programs. While the latter are of the utmost priority and deserve our fullest support, we must not lose sight of the unique opportunity that effective prevention and intervention programs present. These programs are aimed at those individuals who are potential or early drug abusers. Such efforts, if successful, can prevent an individual from falling into a spiral of serious drug abuse. Our role here this morning is to identify effective prevention and intervention programs and new concepts in these areas.

I believe it is evident that the role played by the Federal Government as a source of funding prevention and intervention programs will be reduced in t[illegible] years ahead. The committee's objective today is to elicit from the scheduled witnesses what they feel the future role of the Federal Government should be in promoting State, local and private prevention and intervention programs.

Before we begin testimony, I invite my colleagues to make any opening remarks.

Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Chairman, I want to commend you for arranging this meeting here in the metropolitan region, one of the regions most affect-

ed by the impact of the increased use and availability of hard narcotics in our country.

Not only are just the inner-city schools affected, as you know, they are affected in suburban areas throughout the Nation. There is a wide assortment of licit and illicit drugs, which seem to be readily available in every school in our Nation. I expect we will hear more about the problems of drug use in our schools from the panel this afternoon.

I suppose one of the best things we can do in this committee is to raise public discussion of this problem. Too little is said and too little is done nationwide to deter the use of drugs, and I think whatever we can do to raise the informational level is extremely important. For that reason, I think what the diocese had in establishing a Committee on Narcotics and the excellent work they had in bringing about their recent report. "A Call To Action On Youth Drug/Alcohol Abuse," is an excellent piece of work, and we hope they are going to continue in that direction.

As you may recall, Mr. Chairman, we have met with many regional leaders, including His Eminence the Pope, in Rome not too long ago, to urge that church leaders take an active role in encouraging their congregations to become involved. I hope this call is going to enter into every phase of community life. The more people we get involved, the more effective our work will be.

As we seek to direct, at a national level, an effective effort and seek to formulate a better State and local program, the public has to become involved to make it work, and that is what I think this hearing is all about today. And I hope as a result of this hearing we will encourage even further efforts in that direction.

I look forward to hearing our panelists today.

[The opening statement of Mr. Gilman follows:]

OPENING STATEMENT OF HON. BENJAMIN A. GILMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Thank you, Mr. Chairman. I want to commend you for calling these timely hearings and for scheduling them here in New York. All of us realize that the New York metropolitan area is currently experiencing a major heroin epidemic with high-quality Southwest Asian heroin flooding the streets. We also know that use of all types of drugs by our school-age children is escalating, and, moreover, that use is developing in earlier grade levels.

No longer are inner-city schools the only districts which are affected. Use in suburban and rural schools has sky-rocketed during the past decade due to the wide assortment of licit and illicit drugs which seem to be readily available on every school yard in our Nation. I expect we will hear more about the problems of drugs use in our schools and what can be done to reduce it this afternoon when one of my constituents—Marvin Klibonoff, Assistant Director of Secondary Education for the East Ramapo School District shares his thoughts with us on prevention and early intervention programs in his school district. Mr. Chairman, I want to thank you for asking Mr. Klibonoff to be with us today. I expect he will help us understand the problems we are facing in the suburban schools.

All of us here today have been Members of the Select Committee for several years. We know where drugs come from; how they are transported and delivered to users; and how they can affect the development of our young people, our families, and our neighborhoods. What we do not know much about is how we can reduce the tremendous demand for drugs throughout America. Perhaps we will learn today how business, churches, schools, and community groups can identify potential drug use and prevent abuse? For too long, Mr. Chairman, we have been too eager to integrate treatment and prevention programs. I think they are distinct problems which should evoke separate responses from the Federal, State, and local governments, as well as from private groups. Since it appears unlikely that we will be able

to seal our borders from smuggled drugs, I think we must get serious with the task of educating the American people and preventing drug use before it starts.

Mr. Chairman, I am looking forward to the ideas of the distinguished witnesses who are with us today.

Thank you.

Mr. ZEFERETTI. Thank you, Mr. Gilman.

Mr. RANGEL. Mr. Chairman, I want to join in commending your leadership in bringing these hearings to New York City. As we all know, New York is under attack with a siege of heroin coming in from the Middle East. It is not unusual that we have been hit from Southeast Asia, as well as the South American borders. The tragic thing that is occurring today is the lack of sensitivity on the part of the Federal Government in establishing a policy to make certain that this contagious poison is stemmed.

I am glad to see that your leadership has brought in our regional leaders. I do hope it has some impact on this dimension, because I think all of us will agree that not since President Nixon have we seen a definite place of priority on the foreign policy agenda in letting nations know—those nations that are engaged in the growing of opium and the processing of heroin—that we consider this to be a threat to our national security.

With the impact of cutting back on treatment, cutting back on Federal assistance to law enforcement, we find that the court system in the city of New York is a sham, where the prosecutors don't even have enough money to bring to justice those people who have violated the State law. And certainly the Federal Government has established some artificial priorities as to who is going to be prosecuted.

So it seems to me we deal with the rhetoric as to whether the FBI will be working with the DEA. We need a national policy, and I am glad that we have such leadership on the State level to point out not just how many dollars and cents are being lost, not just how many robberies occur, the weight on the court system, the weight on the penal institutions which are bursting at the seams with inmates, but what we are losing in terms of the quality of life in our city, State, and Nation. Julio Martinez knows it as a professional but, more importantly, he knows it as a citizen.

If this committee can just make our Government focus attention on the real losses, I am confident that we have within our grasp and our power the ability to do so.

Thank you, Mr. Chairman.

Mr. ZEFERETTI. Thank you, Mr. Rangel.

Mr. Biaggi?

Mr. BIAGGI. Thank you, Mr. Chairman.

You are to be commended for having a hearing here in New York which has the Nation's highest concentration of drug addicts in the entire United States. In addition to that, consider that in just 2 years—between 1978 and 1980—the number of drug overdose deaths in this area increased by 117 percent—from 246 to 534. This tragically comes at a time after drug abuse and addiction had actually been on the decline. In a New York Times article from last week it stated:

The growing presence of a high-grade heroin in some cities, an increase in overdose cases and a new pattern of addiction are being reported by Federal, State,

and local officials, who suggest that drug abuse is again rising in the Nation after declining for almost a decade.

Those of us on this committee are fully aware of the problem. We have had disturbing statistics presented to us about drug abuse in this city and the Nation. This hearing is really designed to also discuss how we solve this problem.

I contend that there is no easy solution to this problem, but that does not mean we should abdicate our responsibility to search for solutions. Whatever we do must have several dimensions to it. There must be a strong law enforcement component aimed at stopping the flow of drugs into our Nation and into the lungs, noses, and veins of our citizenry. We must adequately fund drug abuse treatment programs both in our hospitals and in our outpatient community-based facilities. We must adequately fund our drug abuse education programs in the schools of this Nation. Drugs are simply too available in the schoolyards of this Nation—students must be told of the dangers of drugs before they make their purchases or embark on drug experiments.

Tragically, despite the magnitude of the drug problem in this Nation, the Reagan budget demonstrates a genuine lack of commitment to those programs which could form the foundation for a solution. Funds for key Federal law enforcement agencies who could take the lead in slowing the flow of drugs into our Nation—agencies like the Drug Enforcement Administration and the Coast Guard—are being either reduced or kept at last year's levels—which in real dollars represents a loss. I am very familiar with the Coast Guard having served as chairman of its subcommittee. Last year—a landmark law was enacted, which I authored, which removed almost all roadblocks that had hindered Coast Guard drug interdiction efforts. The results in short order have been nothing short of remarkable. Today, the Coast Guard seizes an amount of marihuana equal in value to their entire operating budget. The number of vessels they have seized with illegal contraband has increased from 1 to 180. Yet, the Coast Guard must labor in the year ahead with a most inadequate budget.

Similarly, the Reagan budget shortchanges such important programs as the Alcohol and Drug Abuse Prevention Act, has cut back on alcohol and drug abuse project grants and contracts. Finally, the Reagan budget and the Budget Reconciliation Act which endorsed many features of the Reagan budget—for which I voted against—establishes a new Federal block grant to assist States in providing alcohol, drug abuse and mental health services to its residents. What troubles me about the block grant proposal is that prevention may be given a lower priority by the States.

Hopefully, Julio Martinez, who heads the drug program in our State, will be able to shed some light on this. It may not happen in this State, Mr. Chairman; but New York is not the Nation, Mr. Chairman, and until we focus attention on the issue which has come to be a way of life in America and, unfortunately, because it has assumed that status, the public seemingly is not as concerned as it had been at the outset. But clearly, the marked increase of overdose deaths and the increased consumption of contraband elements should be ample evidence to all of us in Government and the private sector that the problem is by no means waning and should

continue to receive the kind of attention that the tragic nature of its merits.

Thank you, Mr. Chairman.

[The opening statement of Mr. Biaggi follows:]

OPENING STATEMENT OF HON. MARIO BIAGGI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

As an original ex-officio member of this House Select Committee on Narcotics, I am pleased to be here today as we conduct this vitally important hearing on Drug Abuse Prevention and Early Detection. I especially want to pay tribute to our distinguished Chairman Mr. Zeferetti for conducting this hearing and for his overall concern about the drug epidemic which is infecting our Nation.

This hearing is being held in New York—which has the Nation's highest concentration of drug addicts in the entire United States. That, ladies and gentlemen, is a disgraceful situation. Consider that in just 2 years—between 1978 and 1980—the number of drug overdose deaths in this area increased by 117 percent—from 246 to 534. This tragically comes at a time after drug abuse and addiction had actually been on the decline. In a New York Times article from last week it stated, "The growing presence of a high-grade heroin in some cities, an increase in overdose cases and new pattern of addiction are being reported by Federal, state and local officials, who suggest that drug abuse is again rising in the Nation after declining for almost a decade."

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Tragically, despite the magnitude of the drug problem in this Nation—the Reagan budget demonstrates a genuine lack of commitment to those programs which could form the foundation for a solution. Funds for key Federal law enforcement agencies who could take the lead in slowing the flow of drugs into our Nation—agencies like the Drug Enforcement Administration and the Coast Guard—are being either reduced or kept at last year's levels—which in real dollars represents a loss. I am very familiar with the Coast Guard, having served as chairman of its Subcommittee. Last year—a landmark law was enacted which I authored which removed almost all roadblocks that had hindered Coast Guard drug interdiction efforts. The results in short order have been nothing short of remarkable. Today, the Coast Guard seizes an amount of marihuana equal in value to their entire operating budget. The number of vessels they have seized with illegal contraband has increased from 1 to 180. Yet—the Coast Guard must labor in the year ahead with a most inadequate budget.

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"With respect to prevention—the conferees are concerned about the lack of a broad and sustained effort at the Federal and state level to promote—develop and maintain programs to discourage the abuse of drugs. The conferees believe that a statewide program of alcohol and drug abuse services cannot be effectively conducted without a comprehensive and highly visible prevention component. It is recognized that states will be under pressure to discontinue current prevention activities in order to restore losses experienced by treatment programs due to Federal reductions. We believe that prevention programs and activities are the best hope for one day reducing the enormous social and financial costs associated with drug abuse."

Put very simply—unless all units of government recognize that we have a problem—the problem will continue. Unless all units of government unite behind a multi-faceted solution—the problem will continue. Unless we pledge ourselves to a national commitment to end drug abuse and addiction—it will end the lives of thousands more people in this Nation.

Mr. ZEFERETTI. Thank you, Mr. Biaggi.

Mr. Guarini?

Mr. GUARINI. Mr. Chairman, I join in your statement and the statement of my colleagues in the desire to focus public attention on this nagging problem. These hearings certainly can shed more light on the intensity of the problem which has been continually plaguing our Nation. Hopefully, we will find some practical solutions or recommendations, creative ways to fight this deepening debilitation.

I look forward to the hearing and the testimony of our outstanding leaders.

Thank you, Mr. Chairman.

Mr. ZEFERETTI. Thank you, Mr. Guarini.

Our first witness this morning was to be His Eminence Cardinal Cooke; however, church related business has prevented his appearance. The Cardinal sends his regrets and has asked Mr. T. Vincent Learson, chairman of the Cardinal's commission on youth, drugs, and alcohol, to present testimony on the work of the archdiocese in the area of drug abuse prevention and intervention. The Cardinal himself will submit a personal statement for the record. which we will insert at this point.

[Statement of Cardinal Cooke follows:]

STATEMENT FROM HIS EMINENCE TERENCE CARDINAL COOKE, ARCHBISHOP OF NEW YORK

I am pleased to learn that Mr. T. Vincent Learson, Retired Chairman of International Business Machines and Chairman of the Cardinal's Commission on Youth/Drugs and Alcohol, Father Terence Attridge, Director of the Office of Substance Abuse of the Archdiocese of New York, and Mr. Frank McCorry, Director of the Archdiocesan Drug Abuse and Alcohol Prevention Program, were able to give testimony at the hearing of the Select Committee on Narcotics Abuse and Control held in New York City on September 14th.

Thank you for your invitation to me and to them. I am sorry that my meetings with the Maronite Patriarch of Lebanon, His Beatitude, Antoine Khoraiche, and with the Administrative Board of the National Conference of Catholic Bishops, prevented me from participating in the hearing. I am confident that Mr. Learson, Father Attridge and Mr. McCorry were helpful in presenting the results of the work of the Cardinal's Commission on Youth/Drugs and Alcohol and in explaining the very practical programs of education, prevention and treatment in which we have been involved and which are now being intensified and mobilized in the parishes, schools and communities of the Archdiocese of New York.

The Report of the Cardinal's Commission has already been shared with your Select Committee. In a letter in the Appendix, I attempted to state the extent of the scourge of drug, alcohol and substance abuse. "Despite efforts which have already been made to curtail it, the addictive use of harmful drugs is growing and becomes more serious every day. Its ravages reach to people in all social and economic groups—the rich, middle class and poor, the educated and uneducated, those from urban areas as well as from rural and suburban sections. It has spread to every part of the world . . ."

The Commission and the Select Committee have mountains of documentation to testify to this horrifying situation which must be addressed in a more intensified way than we have in the past.

I call your attention to another document in the Appendix of that Report, the Intervention on Drugs and Substance Addiction which I made at the Synod on the Family, held at Vatican City in October 1980. In it, after discussing the extent and the causes of the problem, I presented specific suggestions for the response of the Church and Temple, the Community and the family, in overcoming the scourge. I

reemphasize to the Select Committee the points which I made then, especially the recognition of the existence and the extent of substance abuse, the need to overcome the public apathy and the social acceptance of the use of this poison, and the importance of every sector of society cooperating in programs of Prevention, Education and Treatment.

Even before the Commission on Youth/Drugs and Alcohol issued its final Report in March 1981, I began to implement its suggestions for immediate action steps. A special action Office on Substance Abuse was set up to mobilize programs in the parishes and schools of the Archdiocese; the Advent Pastoral letter in November 1980 and the diocesan-wide Clergy Conference in May 1981 were both devoted to the problem. The school-based substance abuse prevention program of the Archdiocese was expanded with the cooperation of the State's Division of Substance Abuse Services and the mental health agencies of Westchester and Orange Counties. This month (September 1981) the special action office has begun a series of training workshops for volunteers from parishes and neighborhoods designed to introduce drug and alcohol prevention programming at a local level. Eventually there will be a specially trained person, known as a substance abuse minister, in every parish of the Archdiocese.

The Cardinal's Commission also recommended the formation of a special advisory task force to monitor the crisis. It would be ecumenical in composition and include leaders from business, law, medicine, education, as well as the religious community in New York. I continue to support this and will work toward the implementation of such a task force.

I recommend to you as Chairman and to your associates that the Select Committee on Narcotics Abuse and Control address itself to our nation's prolonged ambivalence toward the drug problem and to the growing social acceptance of dangerous substances among our population. Beside the crucial area of law enforcement and the control of the entrance of illegal substances into the countries, government at every level must be deeply involved and supportive of the threefold network of Education, Prevention and Treatment programs. They are interdependent and all are necessary if we are to address the problem in a meaningful way. To deemphasize or neglect any one of them or to put them in competition with each other—as we might well be inclined to do in these days of fiscal constraints and budgetary cutbacks—would be disastrous to the entire effort.

Every section of society must take an active part if we are to find a solution to this crisis of the human spirit which threatens our civilization today. Churches and synagogues must lead their people by providing spiritual motivation, moral values and a richer understanding of the purpose and sanctity of life.

Industry and the corporate community must realize their responsibilities. The problems of modern life are no better resolved by two martinis than by two tranquilizers. To support the regular and often excessive use of alcohol as part of "doing business," while decrying the problem of rampant drug abuse is hypocrisy. Moreover, the glamorization of drug use by the entertainment industry, notably the recording, film, and television industries, is nothing less than exploitive and irresponsible.

The pharmaceutical industry in particular must recognize its responsibility in the creation of new substances which possess great potential for abuse. As Doctor William Pollin, the Director of the National Institute on Drug Abuse, noted in his testimony before the Cardinal's Commission, the greatest danger in terms of future illicit drug abuse may lie in the widespread use of totally synthetic compounds which have never existed before in the human experience and whose short-term and long-term effects are virtually unknown. The horrifying and heartbreaking episodes associated with the use of the totally synthetic compound, PCP, or angel dust, is dramatic testimony to this warning.

My final point is a personal one. Very often the very vastness of a problem can "scare us off" and prevent us from taking action. With all the millions of people and families whose lives have been devastated by this problem, we can never forget the individual person who is trapped, whose whole existence is affected and whose human freedom is taken away or vastly diminished by the addiction. It is that person who is our primary concern and to whom we must reach out with effective programs of education, prevention and treatment. Only by helping the individual addict will we begin to solve the family and social problems which result from addiction.

I offer to you and the members of your Committee my prayers for the success of your work. I hope that the thoughts which I have shared with you will be helpful to this end.

Also, we have with us Father Terence Attridge, who is the director of the Ministry of Substance Abuse of the Archdiocese of New York.

Our first witness this morning will be the very competent director of the Office of Substance Abuse of New York State, Julio Martinez. Mr. Martinez will give us an overview of the importance of prevention and early intervention for a comprehensive substance abuse program.

We welcome you this morning and thank you for coming so early and being our first witness. You can proceed in any manner you see fit. I have your formal statement, which will be included in the record in its entirety. But you can proceed in any manner you feel comfortable with.

## TESTIMONY OF JULIO MARTINEZ, DIRECTOR, NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

Mr. MARTINEZ. Thank you.

Mr. Chairman, distinguished committee members and staff, I appreciate the opportunity to speak with you about the vital importance of drug abuse prevention and intervention programs.

Today, we find prevention being stressed throughout the health field. The rationale, of course, is that it makes obvious good sense. But while the idea—preventing problems before they start—is simple, the task is difficult, especially in the drug field.

The factors which can cause a person to become a drug abuser often begin in childhood. Inability to handle frustration, peer pressure, a lack of self-esteem, and lack of coping mechanisms are only a few of the intangibles which can lead to drug abuse. More tangible factors might include poverty, discrimination, and unemployment.

Substance abuse prevention programs try to help individuals learn to manage difficult life situations, make intelligent decisions about drugs and, generally, to overcome the pressures and problems which lead to drug abuse.

I would like to outline for you the extent of substance abuse in New York State and explain the prevention and intervention programs we have implemented to deal with the problem.

Several recent surveys conducted by the Division of Substance Abuse Services point to rampant substance abuse throughout all population groups in the State:

"Household Survey"—A just completed household survey, which will be released tomorrow, shows that more than 2 million of the State's household residents have abused drugs within the last 6 months. The most popular drugs include: marihuana, used by 1,724,000 residents; stimulants, abused by 481,000; and, cocaine, used by 477,000. During the past 5 years the proportion of residents using cocaine and stimulants has more than tripled.

"College Survey"—A survey of drug use among college students which was released earlier this year showed that two of every three students had used drugs. The most popular substances were marihuana, used by 291,000 students; stimulants, used by 103,000; and cocaine, used by 101,000. Many of the students also said they used drugs in combination, such as marihuana and alcohol, which

were used together by 206,000 students. One in every five students admitted to having serious problems as a result of their drug use.

"School Survey"—A 1978 survey which assessed drug use by secondary school students showed that 912,000, or more than half of the State's 7th through 12th graders, had used drugs. Marihuana, hashish, stimulants, and PCP were used most frequently. In comparison with 1971 figures, use of marihuana, cocaine, and tranquilizers had at least doubled among this age group.

"Wall Street Survey"—Our survey of drug use in lower Manhattan's Wall Street district graphically brought home the extent to which substance abuse has permeated all levels of society. We found that at 10 of the 12 public locations we investigated, marihuana and cocaine were easily available. In fact, at 12 of the 15 buildings and building lobbies we observed in the financial district, dealers were hawking marihuana, cocaine, heroin, and pills.

Let me briefly outline the prevention and intervention programs we have in place to deal with this obviously widespread and staggering problem.

"CAPDA"—We have recently launched a new initiative, the Citizens Alliance to Prevent Drug Abuse [CAPDA], which will coordinate the State's community mobilization effort to prevent drug abuse. CAPDA will be working closely with parent groups throughout the State to develop cooperative activities in the prevention area. Parents are our first line of defense against the drug problem, so a successful prevention effort must include the parents. The division has gathered together a group of parent representatives who are working with our staff to coordinate activities of parent groups across the State and to plan a statewide parents' conference, massive drug education efforts, and a statewide speaker's bureau and newsletter.

As another part of this community-based effort, CAPDA is working with the Citizens Alliance to Combat Heroin [CATCH], which is a group of leading representatives from the private sector, developing citizen action groups across the State. The division has committed more than $150,000 to CATCH for a statewide media campaign to alert the public to the dangers of substance abuse and to outline the assistance and help available from the Division. Local CATCH groups are already being formed as civic and business leaders are joining together in their communities to battle the drug problem.

### SCHOOL AND COMMUNITY PREVENTION PROGRAMS

The Division also supports a network of 900 school-based prevention programs and more than 300 community-based prevention and intervention programs which provide services to a minimum of 56,500 young people. These programs offer such services as drug education, short-term counseling, referral, and alternative schools. In 1981-82, New York State will contribute nearly $23 million to these programs; the Federal contribution for such programs in New York State is approximately $285,000. As a supplement to the efforts of the school and community programs, the division provides training and technical assistance to help program staff analyze and confront the drug problems in their areas.

ROLE OF THE FEDERAL GOVERNMENT

We must remember that the role of Government involves more than the infusion of resources; it requires a national policy designed to respond to our country's substance abuse problem.

The Federal Government should make the cultivation of an effective drug prevention and intervention program an urgent priority. This program should focus on the combination of school, family, and community activities to promote alternatives to drug use. I recommend the following measures be taken at the Federal level to initiate this effort: a successful prevention program model should be developed, evaluated, and replicated; strategies should be developed to identify "high-risk" children who will need early intervention services; schools and communities should concentrate their efforts on development of early intervention programs to impact behavior of youth identified as high risk. Technical assistance to communities, schools, should be provided with consistent followup to insure the implementation of positive prevention programs; business and industry should be encouraged through tax credits to participate in and support prevention/intervention programs; and lastly, a national media campaign should be developed to support prevention activities. Such a campaign is now being developed in New York, and advertising and commercials will be aired later this year.

Obviously, the development of prevention and intervention efforts should not only be an urgent priority for our policymakers, but for our communities as well. Responsibility for implementing an overall strategy, though, lies with Government.

In recognition of the fine work the Select Committee on Narcotics Abuse and Control has accomplished in voicing the need for a coordinated drug abuse treatment, prevention, and rehabilitation effort, I believe that there is not a better group of individuals assembled anywhere who can provide a focus on the complex and far-reaching issues of substance abuse.

I urge you to consider our recommendations and I offer any assistance my staff and I might provide in helping you complete your task. Thank you for this opportunity.

Before closing, I told you some of the figures that New York State was putting up in comparision with the Federal Government. Until today, I must candidly admit, that the present Administration, doesn't have any type of Federal policies to deal with prevention or rehabilitation of the drug abuser.

I hope, in closing, I can convey one message to Washington, and that is that which is written above all you gentlemen [referring to inscription on wall]: "May justice here prevail."

Thank you.

Mr. ZEFERETTI. Thank you, Mr. Martinez, for a comprehensive statement.

One of the things we feel very, very strongly about is the creation of a strategy that will work. In your statement, you indicated that strategies should be developed to identify high-risk children. I would just like to ask you, what kind of strategy have you in mind when you make such a statement? Could you possibly outline what recommendations that you have to fulfill that kind of strategy recommendation?

Mr. MARTINEZ. I think, to answer your question, the first strategy in our line of defense has to be the parents. As we have gone throughout the State, we have found there is a lack of awareness on the part of many of the parents today. We see that children know more about drugs than their parents. So, I would say our first program would be to educate and try to involve the parents in some type training program to learn what a substance abuser is. I believe the best prevention program starts at home.

Mr. ZEFERETTI. Would you also agree with us along the lines of education, I think it is not only the parents but also the teacher in school directing the activities that a young person might get involved in, all those people?

Where there are early identification programs I think every one of them should be structured along the lines of identifying young persons that may be caught up in a habit or before he gets caught up in a habit, to make identification a positive one.

Mr. MARTINEZ. No doubt about it. But let me add something. I think the parents, the communities and businessmen when they deal with substance abuse, it is an issue that is taboo. It is not like alcohol abuse. I think what we have to do is get those skeletons out of the closet, to get people to recognize drug abuse for what it is, a robber of life, a robber of our community, a robber of human will. And until we do that, and hopefully take the stigma away from drug abuse, I, today, can honestly say to this committee we are just touching the tip of the iceberg.

I think an education program has to be developed to get people to start recognizing the problem for what it really is. I know you can go into the inner city and meet Hispanics—I can talk about my culture—and there is a whole guild of people like my mother admitting that at one time I was addicted. But I think we have to begin an education process to get people to become sensitive and be aware that to have a drug problem doesn't necessarily mean you are the scum of the earth; something can be done. But charity begins at home.

Mr. ZEFERETTI. If you want to expand that statement which you just made, which was a very good one, you can talk a little bit about bringing together the moral fibers that make everyday existence a reality. We have lost that moral fiber.

We find drugs today as a socially accepted phenomena. We find the use of these types of drugs as something that has become prevalent in our society throughout the country. I think our educational process has to reach those people. I think bringing together the church, business, and industry is the first step toward reaching out and attacking. This phenomena and having a tool, if you would, to make an impact that is really meaningful.

One other thing I would like to ask you, with the block grant concept coming out of Washington today in the area of assistance to States, how do you feel that will have an impact on your intervention and prevention programs? And what does the future look like to you?

Mr. MARTINEZ. Very bleak. As far as the cuts, we are estimating about a 25-percent reduction, which would mean about a loss of $18 million to the State of New York. Above and beyond that, given the cuts, we are now in the process of probably eliminating 3,000

slots. By that, I mean there are presently more than 59,000 people within our network; and given the cuts, we can't begin to serve those who are on waiting list to enter treatment, yet we will have to go still deeper and put people out of programs, people seeking treatment and who have been involved in our program.

So, the message, in a sense, to us is very clear: don't seek treatment or prevention, stay out in the street.

I think the way the cuts were made was in a way foolish. It takes approximately $3,000 to treat an individual within one of our existing programs, whether it be prevention, intervention, or residential drug free, in comparison to nearly $20,000 to incarcerate an individual. I don't need to tell anybody here that in New York State our prisons are already overcrowded. I don't think anyone here will try to convince me that $3,000 isn't cheaper than $20,000.

I don't know how Mr. Stockman came up with his mathematics. A good accountant could have told him: Here is what you are getting for this and here is what you are going to have to pay for that.

So, in a sense New York State pays in a few ways. We would have to increase our correctional facilities. We are going to lose in terms of putting people out, which can only mean more criminal activities. We are going to lose in terms of our fair share from the Federal Government.

So, to answer your question, I think we are headed for a disaster. I have appealed to corporate America. As the President said, the corporations would, hopefully, support and pick up some of these programs. As of today, I have only received two contributions to the tune of $10,000. One was from Phillip Morris and the other from St. Regis Paper. I have appealed to many companies, and I don't think corporations are going to pick up these cuts, and it concerns me.

Mr. ZEFERETTI. I think we are going to have to join with you.

Other than getting the monetary assistance you need to make the programs work, since that is a loss at this particular time, I think the only other way we can join and assist you is to make it possible for these types of groupings, coalitions of efforts by business, industry, and the like, to play a role in our communities and have an impact in our communities.

Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman.

First of all, Mr. Martinez, I want to commend you and your staff for reaching out to the communities and trying to encourage them to get involved.

I was interested in your new program, your CAPDA program. When did this program start?

Mr. MARTINEZ. Approximately, 1 month ago—I had no idea what the cuts would be in terms of the specifics. Then I started thinking about it and felt, since there would be a shortage of treatment dollars, we should begin an education program. So, I decided to draw toward the parents, because drug abuse touches those loved ones. And I thought maybe with that, this is the only thing we have going for us.

I thought, as an administrator, it wouldn't cost us that much money. I was looking at the economics and the reality of it, and

felt the only way to attack the problem, besides the interdicting and getting Customs, the DEA and the Federal Government to marshal themselves to stop the drugs from getting here—

Mr. GILMAN. Is CAPDA fashioning the bill sort of like our former Narcotic Addiction Councils that we used to have in the State about a decade ago?

Mr. MARTINEZ. No, none whatever. There were groups operating out there that never got any financial help from the State, Federal, or local governments. I was able to track down over 100 groups throughout the State to ask them if they would be willing to participate in helping me with our struggle, our plight. Basically what they said was, "Look, we have been out here for 10 or 15 years and nobody recognized what we were attempting to do." So, I think it is a program that is unique; it is different.

It is not a governmental program. I can honestly tell you, I don't want it to be a governmental program. With the redtape we have with Government, we would probably never get the program off the ground. That is why I can honestly say, that program will be off the ground in another month or 2 months.

Mr. GILMAN. How many of these councils are in existence at the present time?

Mr. MARTINEZ. The parents groups, we have identified close to 100 ranging from Buffalo to New York City's Lower East Side.

Mr. GILMAN. Have you taken a look at the former Narcotic Community Council program New York State had in existence in the late 1960's, early 1970's?

Mr. MARTINEZ. If I recall, it was a disaster and a failure, and I would not want to replicate that. I thought it had a lot of shortcomings.

Mr. GILMAN. I think the major shortcoming was there was a lack of support and follow-up by the State government. They were doing an effective job, but they were not being followed up properly. Then they reached a leveling off of the narcotics effort and nobody pursued it and kept them going.

I would hope you might want to take a look at some of those. There were a lot of people involved at the community level. They encouraged the professionals, parents, educational community, religious community, business, to get involved. It may very well be the skeleton groups there that you could take advantage of and pull together.

I note, too, you make some recommendations as to the role of the Federal Government, something our committee has the responsibility for, to try to encourage the Federal Government to develop a sound strategy with regard to narcotics abuse, narcotics trafficking and strategy and education.

You suggest strategies should be developed to identify high-risk children. Have you experimented with some of those strategies in New York State?

Mr. MARTINEZ. We do have some programs that have been implemented, but given the nature, the scope, and the way the problem has been growing, I candidly say it is difficult to get a handle on the situation. Before, when we talked about substance abuse and its prevention, it was pretty much confined to inner cities. Now, we are talking about the problem being widespread throughout the

State. So, I can't state I can identify this high-risk area or that high-risk area. We are doing an evaluation to look at the total State.

Mr. GILMAN. You don't have any strategies to recommend to us?

Mr. MARTINEZ. I mentioned some of them in my paper: a well-thought-out media campaign, informing the public——

Mr. GILMAN. I am talking about strategies with regard to high-risk children.

Mr. MARTINEZ. We do have programs right now that we fund that deal with a lot of these kids throughout the State.

Mr. GILMAN. Have you some successful strategies you could recommend to the Federal Government to adopt?

Mr. MARTINEZ. If I came up with some strategies, I don't know what good it would do. I don't think the Federal Government is listening——

Mr. GILMAN. The Government is listening; we are here to listen, to learn, and to recommend. That is the purpose of this hearing.

If you do have some worthwhile programs, we certainly hope you will pass them on to us, so we can take a look at whether they should or should not be adopted at the Federal level.

Mr. MARTINEZ. I believe we do have some worthwhile programs throughout the State—but, again, I don't want to take up the time of some of the other people—like the school-based programs and the SPARK programs. Those people can tell you what is going on there on a day-to-day basis.

I can sit here and say in New York State, we have the most progressive programs. I don't want to sound pompous but we do have a well-thought-out prevention and rehabilitation program.

Mr. BIAGGI. Will the gentleman yield?

Mr. GILMAN. Yes.

Mr. BIAGGI. Mr. Martinez, you said you have some programs that are working. I would appreciate it if you would give those programs to this committee. The Government is listening with reasonable effectiveness. I am not going to stay here and pass judgment over different levels of Government efficacy. But clearly, if you have programs that are working, it is incumbent upon you to produce those for our review and assessment. And we have plenty of time to listen to you; that is why we are here.

Mr. MARTINEZ. Congressman Biaggi, I don't want to sound like I am trying to antagonize the committee, but you must admit I am pretty frustrated. As an administrator, I have gone to Washington in the past 4 months more than 50 or 60 times. So, by no means am I trying to antagonize the committee. It is probably my own frustration.

Mr. BIAGGI. I understand your frustration; we share it. All the people involved in this entire issue have some degree of frustation. But clearly, you can't permit that frustration to influence your judgment.

Mr. MARTINEZ. True.

Mr. BIAGGI. If you have some programs that you feel are worthy of expansion, then I wish you would submit them to us, Mr. Martinez.

Mr. GILMAN. Mr. Martinez, if you do have any recommendations for the successful program model you were talking about, we would

like to have that, too. I hope as you make your appeals to Washington that you keep our committee apprised of what your needs are and the requirements and applications that you are making. We do have some prodding influence and can be of some help in that direction. We would welcome hearing from you as you make these requests to the administration.

Mr. ZEFERETTI. Before I call on Mr. Rangel, I just want to add, we have pretty much the only committee in the Congress that has at least the responsibility of listening and assisting and trying to formulate a Federal strategy that would make some sense. We also have the responsibility of recommending legislatively those things we feel can make an impact on the overall problem.

We have had the good privilege of hearing you before, Mr. Martinez, but we don't have the executive ability to provide the budgetary needs that this program, I believe—and I think my colleagues share that—the kinds of budgetary considerations necessary and the priorities to reach out for that necessary impact.

But I want to assure you, we share your concerns and your enthusiasm in trying to get something done. But again, as I said, we are the only game in town, and unless we have your cooperation and that of every other State director who can give us information on programs that are effective and those that are not effective, so we can put aside those things we feel are good and those things that are bad and together, jointly work toward the formation of a comprehensive program.

Mr. MARTINEZ. I can assure you 100-percent cooperation.

Mr. ZEFERETTI. Mr. Rangel?

Mr. RANGEL. Mr. Chairman, let me join with the committee in thanking Mr. Martinez for being here.

I am a little shocked at the exchange we are having here. But if nothing else comes from this, we will have established some kind of rapport and some kind of a record. At the risk of sounding as though I am under the influence of drugs, suppose Federal funds were made available to you, as much as you thought would be necessary to deal with the problems of prevention, intervention, and rehabilitation? Assuming the State could write its ticket in trying to educate families and young people and older people that are addicted that this is a self-destructive and community destructive disease, and assuming for purposes of discussion that your message as to the impact physically, in terms of saving the court system, the law enforcement system, and the prison system and you didn't go into the crimes themselves and the physical impact, my colleagues on both sides are saying that the Federal Government, or at least this committee is listening. If that is the way we are going to walk away today, then this is therapeutic for you as well as it is for me.

I am under the impression that not only politically we have not scratched the surface in terms of the Federal Government recognizing the problem, but all of the churches and all the synagogues in the country have not been able to focus this administration or the two previous administrations on the narcotics question as it even concerns our national security.

So, under the assumption that Mr. Martinez has the responsibility of bringing kids in and rehabilitating them, methadone and drug

free and showing them the good way of life, I just wonder, as somebody that was exposed to drugs, what are your chances, with all the dollars in the world, of rehabilitating any individual that is caught in the community where housing has deteriorated and the Federal Government is not involved in assisting rehab, where the educational system itself is being cut back as it relates to educational opportunities, where the good guys and the bad guys are unemployed, so we don't have this role model about going to school and be drug free, where the successes in the community is the pusher with the Rolls-Royce, where the police, which is the image of law enforcement, admit publicly that they are helpless, that even if the police make arrests, that your local and Federal district attorney would say, they don't have the resources to prosecute, and where in the final analysis we find that your Federal Government has just walked away from people-type problems and say that is a local or State problem.

Now, my question may be long, but I just don't see where all the money in the world, in terms of rehabilitation, is going to be sufficient to educate people who find themselves trapped in poverty, with the Federal Government walking away from them. With your clientele, you may do well with those you catch. But it seems to me that that number has to be growing where people are going to say that the system is not working and that no matter how much I follow Mr. Martinez's advice, I am going to be out of work and I might as well be out of work high than to be out of work having gone through some training program.

Mr. MARTINEZ. Let me try to answer this very simple and sweet and to the point. In my travels throughout the State I see that drug abuse has its own economy. It provides jobs and even tax-free shelters, because these guys don't pay taxes. So, when you look at it, no matter how sincere you are, or, no matter how committed the Federal Government is, they outnumber us in terms of dollars, they outnumber us throughout the country, they outnumber us through real estate, they outnumber us in holding banks as in Miami. So, pouring money into the problem is not the answer.

I have stated before that the American people are going to just have to open up their eyes and see drug abuse for what it is. I don't think, and I have already stated, that Government can do it all. I believe that New York State makes a great investment in our treatment network. But until all the services are linked and the people at the top start talking to one another, I believe any massive campaign, whatever it may be, will not be effective until you have people at the local level understanding what drug abuse is.

Mr. RANGEL. You are a national expert. I would ask you, who is in charge of the Federal drug enforcement program? Is it the FBI? Department of Justice? DEA? Mr. Meese? Is it Customs?

You are an expert coming to a congressional committee and I am asking you: Who is in charge now of showing the countries of the world that we don't want that poison coming into the United States of America, or any of our possessions? Who would you write to?

Mr. MARTINEZ. Congressman Rangel, I must say whoever that guy is I have not been able to find him. Somebody tells me it is the Attorney General, Mr. Smith; others say it is Mr. Giuliani; others

state it is the DEA. The Federal Government, as far as their efforts and whatever policies they are coming up with, to me, it is a Walt Disney production. It is a puzzle to me. I just have not been able to figure it out, and I don't know who the lead person is. I just have not been able to figure it out.

Mr. RANGEL. If you can't do—that is why I am proud to be a part of these hearings, because if you can't do it, the Cardinal can't do it, the Board of Rabbis can't do it, local and State officials can't do it, the Council of Churches can't do it, and those who have been charged by our State to protect the citizens from the ravages of drugs can't do it, then, obviously, there is a void and a gap. And I am saying that the President comes back to Congress this week to ask that $13 billion be cut from the defense budget or that an additional $70 be cut from the overall Federal budget. I assume in the next couple of weeks we will be hearing a heck of a lot about the expansion policies of the Communists, Russians, and Cubans in Angola, and in Africa generally, and certainly Eastern Europe.

But it seems to me if our national leaders and our spiritual and community leaders can't get opium and drugs on that list, that security of the United States may be more in danger internally than it is from outside.

I yield to my friend and distinguished colleague from New York.

Mr. GILMAN. I thank the gentleman for yielding.

I think it is unfair to ask Mr. Martinez to spell out just where the role of the leadership is with regard to narcotics policy on the Federal level. As you know, all my colleagues on this committee, we are in the throes of trying to clearly define the new roles, just as the administration is wrestling with trying to adopt a new role for either the Federal Bureau of Investigation or the DEA. Since we are engaged in that debate, I think it would be unfair to ask Mr. Martinez to spell out where that final policy will eventually fall.

We, in the committee, are attempting to influence the administration to keep some of the major effort within the hands of the Drug Enforcement Administration. Some of us have some criticism about turning it over to the Federal Bureau of Investigation, but that debate has not ended as yet, nor has a decision been fully made.

I think the new administration, like other new administrations before it, is attempting to define new objectives, new goals, and new and more effective methods. We have gone through that through several administrations. This committee, too, has been trying to help all those administrations define a best strategy. I am afraid to say our committee has not come up with the best answer as yet. For that reason, we welcome your recommendations, those of the Cardinal's Commission, the Rabbinical Council, and any other group that has spent some time and effort in making a sound study of this and sound recommendations, will be helpful to us in formulating a sound strategy——

Mr. RANGEL. Just let me say this: That for the record, I apologize for any inference of unfairness to the witness here today. But I want the record to be made perfectly clear that any suggestions made to this committee, short of some revolutionary concepts being taken by our national leaders, is absolutely worthless; and my

rhetorical question in asking who is in charge, it won't make any difference whether it is DEA, FBI, or the Attorney General, unless resources are going to be made available to deal with this problem. Then our hearings are just a matter of us talking to each other about the degree of the problem.

I am saying, and I am making perfectly clear to those who have the ability to vote for a budget, that when you vote for cutbacks in these type programs, then the hearing means you recognize the problem but we have not taken up the priority in our budget, and I think the pressures have to come from outside the Congress.

It is clear the Congress has run away from the problem.

Mr. MARTINEZ. May I just add, make one recommendation that is really simple? If you ask me who should be the lead agency, I would say IRS. I always say hit them in their pockets. Nobody can tell me somebody can hold real estate, drive expensive cars, and own boats—there has to be an audit trail. I would say make IRS the lead agency. You have to show how you made your income, how you spent that income, and I believe IRS, there is no question in my mind, is the best weapon.

Mr. ZEFERETTI. Thank you. Thank you, Mr. Rangel.

If I can just add to that, too. Our purpose here today is to talk about the types of programs, intervention and prevention programs, that are meaningful. I share with my colleagues the frustration of voting for budgetary considerations that have negated the assistance that is necessary. But I would like to hear from the witnesses today about some of the programs they have going, about some of the recommendations they can make where they feel the Federal Government can play a role, other than budgetary, about the considerations that has brought forth coalitions of business, industry, and civic leaders.

I think those witnesses and that kind of testimony which will be forthcoming can assist us in trying to make a determination as to where to go. I am a firm believer that public awareness of what the problem is, is the first priority for all of us in recognizing there is such a problem.

I agree with what my colleague, Mr. Rangel, has said. If we can get all the leaders from all walks of life to join with us in talking to the administration, this one or any that might follow, to continue this effort and pressure, then possibly we can establish those priorities.

Myself and Mr. Biaggi came from backgrounds of law enforcement where priorities were always the first order of business. And because of that lack of priority, we find ourselves in the doldrums of all kinds of inactivity in our criminal justice system—an archaic system that doesn't lend itself to anything.

But that is not what we are here for today. I am not interested in the various agencies that have the responsibility, but I would like this committee to have testimony on the programs you feel are meaningful and the support that we can give to those programs. This, I feel, will make an impact.

So with that, I welcome your testimony today, Mr. Martinez, and commend you for your efforts.

Mr. Biaggi?

Mr. BIAGGI. Thank you, Mr. Chairman.

Mr. Rangel touched the problem quick. The fact of the matter is the problem is of such magnitude and so complex a nature that none of us alone can do it. I keep hearing witnesses testify that awareness should be emphasized. That is all right, but I feel confident that there is a sufficient degree of awareness of the tragic nature of the problem. But I think we must go beyond that. We must go beyond the acknowledgment of this problem. That is why this hearing is important. Because we must deal with responsible organizations, spiritual or lay in nature, they must assume a real obligation to engage in this warfare, because that is what it is.

All the levels of government have been functioning with varying degrees of efficiency. Obviously, they don't measure up to the degree which we find it necessary. I have been involved for several decades in this undertaking and I find we have a waxing and waning of interest and that is not, frankly, what we are looking for. There is a waxing and waning of public comment whether it be public officials or outstanding civic leaders.

But what is really necessary is a lasting organized commitment from every quarter. Unless we have that to supplement governmental effort, I am fearful that the outcome is kind of dismal.

I am interested, Mr. Martinez, in your focusing on the high-risk children. I think that is excellent, at least it is a targeted area which could be most productive. I won't ask lengthy questions, but can you explain why we find ourselves in the last couple of years with a decline in addiction notwithstanding the Federal and State moneys and suddenly we find an increase?

Mr. MARTINEZ. I can only make some assumptions. When we look throughout society, it is my opinion, a lot of movies are coming out which portray people who kids look up to as role models one uses drugs; the music that is being played; the paraphernalia being exposed; the various books on how to use drugs, where to get drugs, how to blow drugs. I think if you look at what has taken place in the last 10 years, you not only have people selling drugs and making a profit, but you have people running legitimate industries who are promoting drugs.

My own assessment is that many of our stars and heroes have made drug use seem acceptable. When I go out and talk to youngsters and get their points of view, these are people they look up to.

Mr. BIAGGI. During the last decade, there was a decrease, but over the past 2 or 3 years, there has been an increase and I am puzzled as to what is responsible for that.

I don't know if there is an answer to that.

Mr. MARTINEZ. In 1980, and I am talking about heroin addiction, 1,500 metric tons of opium came from Iran, Afghanistan, and Pakistan, so there is no question that there has been a great degree of increase in terms of supply, and that is primarily the big problem now, the heavy influx of drugs coming from those countries.

Mr. BIAGGI. Let me add one comment for the record and for our mutual consumption so we don't leave believing the Federal Government is not doing anything effective.

Congress enacted legislation 2 years ago to finally close the loophole in the law, to make it possible for law enforcement officials to apprehend, confiscate, convict, and imprison individuals trafficking in contraband on the seas. Heretofore, they would be arrested and

turnstiled right out and returned to their land of origin. If they were native Americans, there would be no charges pursued. It was ludicrous. You said something about Walt Disney early on. If anything was Walt Disney, this was. The Coast Guard would apprehend vessels with tons of contraband; there would be no words exchanged. It was brought in and then they were turned out. Congress closed that loophole through my legislation, together with Mr. Gilman.

You recall that last sweeping throughout the South where they were being arrested, indicted and sent to prison. So at least in that regard there is some promise.

On the larger scale I agree, a great deal remains to be done. I also agree with the chairman, the Government can't do it all. That is an inescapable conclusion.

Mr. MARTINEZ. Mr. Chairman, in closing I might say, though things may look pretty bleak there is a positive side as to those we have reached who could have been potential drug abusers, and those who were drug abusers who have managed to recover. I am a testament to that and a classical example of one who went through the system and there will be people testifying today that we do have programs that do work but more has to be done.

I want to leave here optimistic about what we are dealing with and not pessimistic.

Mr. ZEFERETTI. Mr. Guarini?

Mr. GUARINI. Thank you for your testimony, Mr. Martinez.

Money is not the only consideration. There are two important things involved: trying to help the Nation solve its social problems; the other is the fact that the tax structure has been lately so devised as to lessen the incentive of corporations and individuals who give money to social programs. Where they had depended in our society on social programs such as Red Cross, Salvation Army, this has been a voluntary effort in our country which has been traditionally helping meet our social needs.

Now I understand $18 billion will be taken away from our various social volunteer programs because the estate taxes have been changed. There is less being paid by individuals, the corporation tax and individual tax will be lessened. Therefore, all these social volunteer agencies will experience less money to do the work they have been doing in the past.

Now we are in a whole new era, so it means we are going to have less of an effort by the private sector. I am interested in knowing from you, where you say tax credits should be utilized to induce corporations and citizen participation, what specifics can you bring before the committee? Has New York State used any form of tax credits? You have two members of the committee here on a tax writing committee, Mr. Rangel and myself. Rather than all the generalities you have proposed, I would like to know what specifics you propose to get individuals and businesses through tax incentives, to take a more active part in this drug intervention and prevention program.

Mr. MARTINEZ. In terms of specifics, it would probably take a lot of time just explaining all the details. We can make those recommendations, but just to give you an example, I think that business

has to be encouraged to get involved. By getting involved is by first of all accepting that a problem may exist.

Mr. GUARINI. What efforts would be made to do that?

Mr. MARTINEZ. As far as New York State, we have not taken any initiative to give any tax credits, but in order for the State—I think that should come from the Federal level, so then it can be passed down to the State and locals.

Mr. GUARINI. Has the State made any effort to get business and citizens to participate, so their hand in solving the problem would be larger?

Mr. MARTINEZ. Not that I know of.

Mr. GUARINI. Have you made any recommendations to the Governor as to this problem?

Mr. MARTINEZ. No; this is the first committee I have made the proposal to.

Mr. GUARINI. How long have you been in your position, sir?

Mr. MARTINEZ. Two years and four months.

Mr. GUARINI. Do you intend to make recommendations to the Governor as to State participation?

Mr. MARTINEZ. Yes.

Mr. GUARINI. Have you any recommendations to make to this committee as to the type participation, the kind of tax credits which should be used to entice corporations and individuals to participate?

Mr. MARTINEZ. Nothing other than a skeleton, but we will pull something together and we would like to send it to the committee and also to the Governor.

Mr. GUARINI. Has the State of New York spent more or less money during your tenure of office toward drug intervention and prevention? What was the budget 3 years ago compared to today?

Mr. MARTINEZ. When I got there, I believe the budget was shredded, about $21 million, the budget now has increased to about $79 million.

Mr. GUARINI. How much of that is spent on education?

Mr. MARTINEZ. Prevention and intervention, about $23 million.

Mr. GUARINI. Has that education end of it increased accordingly, or is it the same?

Mr. MARTINEZ. It hasn't increased that much, and it has not for various reasons. One is that the State of New York Legislature mandated us to come up with an efficacy study as to how the money is being spent. We are now in the process of finishing that report. The problem is the way we try to work it is we try to get a match from the Feds to the State. As I stated before, the Federal share has only been about $240,000 in comparison to the $23 million the State of New York puts up. So there is a big discrepancy.

Mr. GUARINI. How much corporate money has come in on a volunteer effort?

Mr. MARTINEZ. That would vary, because many of our programs are nonprofit with what we call third party increments.

Mr. GUARINI. You don't feel they are doing their share?

Mr. MARTINEZ. I think they can do much, much more. As I stated before, the only time, that I must admit, that we got a response from the corporations and it was not a very favorable or positive one, was when we had the Wall Street survey which made the

front page of the New York Post. Then we began to see at least four or five inspectors were coming up to the office to look at areas where drugs were being sold. We saw a great emphasis by the Mayor and the commissioner and police were out there. But it was unfortunate that it took an exposé such as a paper saying there are drugs on Wall Street before we saw action take place.

We need our financial institutions to understand what we are dealing with. We have many people working within our financial district abusing or using drugs.

Mr. GILMAN. Will the gentleman yield?

Mr. GUARINI. Yes.

Mr. GILMAN. You mentioned $23 million for education but I note you are only spending $150,000 for CAPDA. Why are you only devoting that small amount to a media program where you feel the program is important to put emphasis on?

Mr. MARTINEZ. That is a good question. That is all I was able to squeeze from our State legislators.

Mr. GILMAN. The State legislators don't tell you how to spend the media money?

Mr. MARTINEZ. CATCH was a group the Governor put together. In establishing that group, the funds made available were very minimal. By minimal, I mean $100,000. It was for a simple, small media campaign. When we went back to the legislature to get the additional appropriation, we were not that successful.

So CATCH is a fairly new group and that will be the focus of CATCH, to educate the public via the media. Right now the budget is very, very small in terms of what we want to accomplish. We have the story boards, the outlines, the message. Our biggest problem will be getting the airtime. That in terms of the money we are talking about is astronomical.

Mr. GILMAN. Aren't those public service announcements?

Mr. MARTINEZ. The public service time I am trying to get is the prime time 6, 7, 8 o'clock. Usually, public service announcements are aired at 4 o'clock in the morning when nobody sees them.

Mr. GILMAN. Can't you allocate the amount you want to spend for various publications and media? Don't you in the $23 million have certain discretions?

Mr. MARTINEZ. Those moneys are earmarked for school-based and local problems.

Mr. GILMAN. Thank you. I thank the gentleman for yielding.

Mr. GUARINI. Do you feel there has been adequate response to your campaign? What did you request and how inadequate is the amount the State is putting up?

Mr. MARTINEZ. The State money is adequate. We have gotten support from the speaker, the assembly, the majority, and the senate. So, there has been bipartisan support, no question about that. I think New York State is putting up more money than their share, without getting the Federal Government to put in their portion.

I have always said we do not grow opium or coca in New York State, drugs come to New York State from other borders, and I think the Federal Government has a responsibility there. No question, I think New York State has made an appropriate contribution. New York State puts up more than its fair share.

Mr. ZEFERETTI. Thank you for being here, and I hope you leave with the positive feeling that there are those who want to help. I look forward to joining with you in that effort.

Mr. RANGEL. Let me join in and thank Mr. Martinez because I have been struck by the sensitivity of Mr. Gilman and me being unfair to you, and I do hope this fairness will be appreciated the next time we have a budget cut and we can see we are voting for more money.

Mr. MARTINEZ. I appreciate what you did. For those who are here as well as outside. As a State official, I have to be accountable, and at times I have to answer tough questions. At times it is not an easy job. So I thank you.

[The prepared statement of Mr. Martinez follows:]

PREPARED STATEMENT OF JULIO MARTINEZ, DIRECTOR, NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

Mr. Chairman, Distinguished Committee Members and Staff, I appreciate the opportunity to speak with you about the vital importance of drug abuse prevention and intervention programs.

Today, we find prevention being stressed thoughout the health field. The rationale, of course, is that it makes obvious good sense. But while the idea—preventing problems before they start—is simple, the task is difficult, especially in the drug field.

The factors which can cause a person to become a drug abuser often begins in childhood. Inability to handle frustration, peer pressure, a lack of self-esteem, and lack of coping mechanisms are only a few of the intangibles which can lead to drug abuse. More tangible factors might include poverty, discrimination and unemployment.

Substance abuse prevention programs try to help individuals learn to manage difficult life situations, make intelligent decisions about drugs and, generally, to overcome the pressures and problems which lead to drug abuse.

I'd like to outline for you the extent of substance abuse in New York State and explain the prevention and intervention programs we have implemented to deal with the problem.

Several recent surveys conducted by the Division of Substance Abuse Services point to rampant substance abuse throughout all population groups in the State.

HOUSEHOLD SURVEY

A just completed household survey which will be released tomorrow shows that more than two million of the State's household residents have abused drugs within the last six months. The most popular drugs include: Marijuana, used by 1,724,000 residents; Stimulants, abused by 481,000; and, Cocaine, used by 477,000.

During the past five years, the proportion of residents using cocaine and stimulants has more than tripled.

COLLEGE SURVEY

A survey of drug use among college students which was released earlier this year showed that two of every three students had used drugs. The most popular substances were marijuana, used by 291,000 students; stimulants, used by 103,000; and cocaine, used by 101,000. Many of the students also said they used drugs in combination, such as marijuana and alcohol, which were used together by 206,000 students. One in every five students admitted to having serious problems as a result of their drug use.

SCHOOL SURVEY

A 1978 survey which assessed drug use by secondary school students showed that 912,000, or more than half of the State's 7th through 12th graders, had used drugs. Marijuana, hashish, stimulants and PCP were used most frequently. In comparison with 1971 figures, use of marijuana, cocaine and tranquilizers had at least doubled among this age group.

### WALL STREET SURVEY

Our survey of drug use in Lower Manhattan's Wall Street district graphically brought home the extent to which substance abuse has permeated all levels of society. We found that at 10 of the 12 public locations we investigated, marijuana and cocaine were easily available. In fact, at 12 of the 15 buildings and building lobbies we observed in the financial district, dealers were hawking marijuana, cocaine, heroin and pills.

Let me briefly outline the prevention and intervention programs we have in place to deal with this obviously widespread and staggering problem.

### CAPDA

We have recently launched a new initiative—the Citizens Alliance To Prevent Drug Abuse (CAPDA)—which will coordinate the State's community mobilization effort to prevent drug abuse.

CAPDA will be working closely with parent groups throughout the state to develop cooperative activities in the prevention area. Parents are our first line of defense against the drug problem, so a successful prevention effort must include the parents. The Division has gathered together a group of parent representatives who are working with our staff to coordinate activities of parent groups across the state and to plan a statewide parents' conference, massive drug education efforts, and a statewide speaker's bureau and newsletter.

As another part of this community-based effort, CAPDA is working with the Citizens Alliance to Combat Heroin (CATCH), which is a group of leading representatives from the private sector, developing citizen action groups across the state. The Division has committed more than $150,000 to CATCH for a statewide media campaign to alert the public to the dangers of substance abuse and to outline the assistance and help available from the Division. Local CATCH groups are already being formed as civic and business leaders are joining together in their communities to battle the drug problem.

### SCHOOL AND COMMUNITY PREVENTION PROGRAMS

The Division also supports a network of 900 school-based prevention programs and more than 300 community-based prevention and intervention programs which provide services to a minimum of 56,500 young people. These programs offer such services as drug education, short-term counseling, referral, and alternative schools. In 1981–82, New York State will contribute nearly $23 million to these programs; the Federal contribution for such programs in New York State is approximately $285,000. As a supplement to the efforts of the school and community programs, the Division provides training and technical assistance to help program staff analyze and confront the drug problems in their areas.

### ROLE OF THE FEDERAL GOVERNMENT

We must remember that the role of government involves more than the infusion of resources; it requires a national policy designed to respond to our country's substance abuse problem.

The federal government should make the cultivation of an effective drug prevention and intervention program an urgent priority. This program should focus on the combination of school, family and community activities to promote alternatives to drug use. I recommend the following measures be taken at the federal level to initiate this effort:

A successful prevention program model should be developed, evaluated and replicated.

Strategies should be developed to identify high risk children who will need early intervention services.

Schools and communities should concentrate their efforts in development of early intervention programs to impact behavior of youth identified as high risk. Technical assistance to communities, schools, should be provided with consistent follow-up to ensure the implementation of positive prevention programs.

Business and industry should be encouraged through tax credits to participate in and support prevention/intervention programs.

Lastly, a national media campaign should be developed to support prevention activities. Such a campaign is now being developed in New York, and advertising and commercials will be aired later this year.

Obviously, the development of prevention and intervention efforts should not only be an urgent priority for our policymakers, but for our communities as well. Responsibility for implementing an overall strategy, though, lies with government.

In recognition of the fine work the Select Committee on Narcotics Abuse and Control has accomplished in voicing the need for a coordinated drug abuse treatment, prevention and rehabilitation effort, I believe that there is not a better group of individuals assembled anywhere who can provide a focus on the complex and far-reaching issues of substance abuse.

I urge you to consider our recommendation and I offer any assistance my staff and I might provide in helping you complete your task.

Thank you for this opportunity.

Mr. ZEFERETTI. The next witnesses will be in the form of a panel: Mr. T. Vincent Learson, Mr. Frank McCorry, and Father Terence Attridge.

Mr. Learson is the former chairman of IBM, who played a key role in the development of the call to action program for the Archdiocese of New York. This comprehensive drug and alcohol abuse program is the first effort by a major religious organization to address openly and directly this critical problem affecting our young people. Father Terence Attridge is the director of the office of substance abuse of the archdiocese and Mr. Frank McCorry is the director of the archdiocesan drug abuse and alcohol prevention program.

Thank you, Mr. Learson, for coming, and thank you gentlemen for sharing your testimony with us this morning.

Mr. Learson, I have your statement. You may proceed in any way you deem fit.

## TESTIMONY OF T. VINCENT LEARSON, CHAIRMAN, THE CARDINAL'S COMMISSION ON YOUTH, DRUGS, AND ALCOHOL

Mr. LEARSON. May I thank you, Mr. Chairman, and members of the committee, for your gracious invitation to appear before you today. This committee has developed a well-earned reputation for its tireless efforts and wholehearted commitment to the problem of substance abuse. It is with great respect for your work that I appear here today.

My report is in four parts.

The first is on the background of the commission; the second section is a summary of our report. These I present but will not read into the record for the purpose of saving time.

The third section are simply thoughts on the problems.

The fourth section is the modus operandi of the newly created office of substance abuse ministry.

I would like to read on page 4 of my statement.

In its report, the commission:

Charged the influencers of youth—mass media, the entertainment industry, and the sports establishment—with a special responsibility in reversing indifference about substance abuse. It recommends that these groups mount a communications campaign to reshape attitudes among young people on substance abuse.

Criticized the collapse of Federal Government leadership in attacking substance abuse despite the nationwide drug crisis among youth. The report noted that New York State alone spent more than the Federal Government on drug and alcohol prevention programs in the 1970's. The commission claimed that there would be a wide range of preventive efforts already at work in schools and neighborhoods if only government and community leaders developed pilot programs of prevention in the early 1970's.

Called on area medical societies to address themselves to the problems created by overprescription of mind-altering and mood-changing drugs.

Called on the liquor industry to police itself in the development of products that have primary appeal to the young.

The commission also made other recommendations. These include:

Increased efforts on the part of the U.S. Departments of State and Justice to halt the international drug traffic into the United States. I had lunch recently with a South American diplomat. He told me of the total corruption within his country due to the trafficking of drugs and that it was in all areas of government, business, banks throughout the country, and surprisingly enough, he expressed there was a little hope, and that was that the youth in that country were rebelling against their parents. It was just beginning, and he hoped it would go further.

Establishment of a special advisory task force on youth in New York State to monitor the continuing phenomenon of drug and alcohol abuse among youth as well as to encourage the full implementation of the Archdiocesan Action Program. The commission recommends that the Cardinal invite representatives of business, law, medicine, education, and religious life to serve on the ecumenical advisory group.

An appeal to the corporate sector of New York to respond to the needs of ex-addicts by creating job opportunities and thereby help to end discrimination against ex-addicts and remove the stigma attached to overthrowing addiction.

An appeal to government at all levels to establish and fund prevention programs.

An appeal to corporate and foundation leadership to join in a comprehensive attack by providing needed funds for rehabilitation and education programs.

As you mentioned I was with the IBM Co. We have developed within the company a program called plans for life.

It endeavors to cause development of skills in families of employees, not just employees themselves, but within the families of the employees, to lick this problem.

Troubled employees, whether it is the employee himself or his family, have one of these 800 toll-free numbers they can call, and they do not have to identify themselves but just ask for help, and they will be referred to an ex-addict who will counsel them on the various alternatives possible to solve their problems.

It is something that is just beginning within the company, this 800 toll-free number, to which we see some great merit because we wish to help not only the employee who is troubled but the family itself.

Next I have some general comments.

Looking back on the seventies, the commission believes the Surgeon General's report of 1979 dramatically identifies the extent of the tragedy of drug and alcohol abuse by youth. The report observes that the mortality rate of young people age 15 to 24 for the first time in this century rose sharply at an 11 percent rate, while all other age groups continued their century-long decline.

Society has largely accepted increased substance abuse among our young. Too often it is hidden to protect the family, the school, and/or the community's reputation. The commission urges that society join in raising the curtain of silence that has hidden this sickness.

Drug and alcohol users develop a characteristic that is best identified as an almost infantile expectation of instant gratification of their perceived needs. It is the personality trait, urgent and abnormal, that all too frequently drives them to crime to fulfill their craving.

As a result, we witness a crime wave that frightens our neighborhoods and is turning them into armed camps. Incarceration of youth driven to crime is frequently inevitable, but at a great cost to society—and rarely with permanent positive results—far in excess of the cost of a well-formulated treatment and prevention program.

The phenomenal increased use of alcohol among youth is frightening. It is disheartening to see the trend to sweet-tasting alcoholic products now produced to attract our youth.

The commission is heartened by the support of His Eminence Terence Cardinal Cooke. There can be no doubt that under his leadership, the priests, the religious, and the laity of the archdiocese will undertake the community action that will bring light and aid to our youth, their parents, and their neighbors.

The Archdiocese of New York has had, since 1972, a special department, the archdiocesan drug abuse prevention program, working on the prevention of drugs and alcohol in its schools through the department of education for several years. The commission recommended that it be expanded to work in all schools.

In addition, it recommended the establishment of an "office of substance abuse ministry." Father Terry Attridge was appointed in December 1980. His assignment was to organize community action in the 407 parishes of the archdiocese.

### OFFICE OF SUBSTANCE ABUSE MINISTRY

The office of substance abuse ministry was established as a direct result of the findings of a commission in November of 1979.

The office serves as a center for the archdiocesan programs which address the area of drug and alcohol abuse among young people. In other words, this office has been charged with the responsibility to coordinate, plan, and to direct the multifaceted programs of the archdiocese in its efforts against alcohol and drug abuse.

The specific goal of the office is to launch a campaign and urge all clergy, religious, and laity of the archdiocese to join the battle in addressing the drug and alcohol problem, in particular, as it affects our youth today. It hopes to change public perception and attitudes and is also interested in the restoration of the total human person who is involved as abusers of drugs and alcohol. This will be done through family-centered restoration of values using the archdiocese's vast network of 407 parishes and 349 schools.

The office of substance abuse ministry's approach is education, prevention, early intervention, early identification, referral—in regard to treatment—and enforcement.

To date, the educational component has been handled by means of awareness programs in parishes, to parent groups, mixed groups of parents and youth, school administrators on elementary and high school levels. Speaking to key people by means of the archdiocesan council—addressed twice—vicariate councils, the clergy conference, youth ministry conference, area conferences, consultation for hospital apostle conferences on drugs and alcohol, local neighborhood organizations; for example—taxpayer groups and professionals.

In the fall of 1981, training programs have begun throughout the entire archdiocese. The goal is to have a substance abuse minister in every school and parish. By the end of the first round of training sessions—summer of 1982—it will have between 350 and 400 substance abuse ministers trained to continue in the local community

and school the education, prevention, early identification, referred to local intervention and treatment programs.

In substance, we would say this effort is for the total community. We hope to involve the total community in each parish's boundaries to attack this problem on a community basis. I think that is probably the key to reducing this problem of the youth.

Thank you, sir. I will answer any questions you might have.

[The prepared statement of T. Vincent Learson follows:]

PREPARED STATEMENT OF T. VINCENT LEARSON, CHAIRMAN OF THE CARDINAL'S COMMISSION ON YOUTH—DRUGS AND ALCOHOL

Mr. Chairman, Members of the Select Committee on Narcotics Abuse and Control, Ladies and Gentlemen:

May I thank you, Mr. Chairman, and members of the Committee for your gracious invitation to appear before you today. This committee has developed a well-earned reputation for its tireless efforts and wholehearted commitment to the problem of substance abuse. It is with great respect for your work that I appear here today.

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The fourth section is the modus operandi of the newly created Office of Substance Abuse Ministry.

BACKGROUND ON THE CARDINAL'S COMMISSION ON YOUTH, DRUGS AND ALCOHOL

Terence Cardinal Cooke, Archbishop of New York, formed the Cardinal's Commission on Youth, Drugs and Alcohol in November, 1979, to study the causes and dimensions of the problem of substance abuse by young people and to recommend a "blueprint for the 80's".

In the intervening months, the Commission received expert testimony from officials in government, law enforcement, medicine and education.

The chairman of the Commission is Mr. T. Vincent Learson, Chairman of the Board of Governors of the New York Insurance Exchange and retired board chairman of International Business Machines Corporation. Msgr. William B. O'Brien, President of Daytop Village, is Executive Director of the Commission.

The other members are Mr. Arthur Barnes, President, New York Urban Coalition; Mr. Frank Bennack, President and Chief Executive Officer, The Hearst Corporation; Mrs. Amalia Betanzos, President, Wildcat Service Corporation; Brother H. Michael Delaney, C.F.C., Provincial, Congregation of Christian Brothers; John Doar, Esq., Attorney-at-Law, New York City; Mrs. Edith Doran, President, Ladies of Charity, Archdiocese of New York; Rev. James Finlay, S.J., President, Fordham University; Mr. Arthur Levitt, Chairman of the Board, American Stock Exchange; Most Rev. Theodore E. McCarrick, D.D., Vicar of East Manhattan; Rev. Robert T. Ritchie, Director, Catholic Youth Organization, Archdiocese of New York; Bernard J. Ruggieri, Esq., Attorney-at-Law, Partner, Shea & Gould, and Mr. Frank Shakespeare, President, RKO General, Inc.

Consultants to the Commission include Rev. John M. Brown, Alcoholism Counselor, New York City; Rev. Raymond Hand, O.F.M. Cap., Director, Project ENTER, New York City; Mr. Francis A. McCorry, Director, Drug Abuse Prevention Program, Archdiocese of New York; Rev. Benedict Taylor, O.F.M., Director, Project CREATE, New York City.

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SUMMARY OF COMMISSION REPORT—"A CALL TO ACTION ON YOUTH DRUG/ALCOHOL ABUSE," MARCH, 1981

The Commission's central proposal called for the creation of a Special Action Office with the Archdiocesan Department of Education to serve as a focal point for the prevention program. The office was established in December under the direction of Father Terence Attridge.

The Commission recommended that the Special Action Office launch its program with orientation and training workshops for the clergy as well as the Archdiocesan Pastoral Council which represents parish laity, religious and priests, respectively. Day-long briefings also will be provided for other parish and school personnel.

The Special Action Office's second step will be the selection of a special cadre of priests, religious and laity from the counties of the Archdiocese for intensive prevention training. These individuals then will assist parishes and schools across the Archdiocese in establishing "substance abuse programs" at the local level.

In other conclusions in its report, the Commission:

Charged the "influencers" of youth—mass media, the entertainment industry and the sports establishment—with a special responsibility "in reversing indifference about substance abuse." It recommends that these groups mount a communications campaign to reshape attitudes among young people on substance abuse.

Criticized the "collapse" of federal government leadership in attacking substance abuse despite the nationwide drug crisis among youth. The report noted that New York State alone spent more than the federal government on drug and alcohol prevention programs in the 1970s. The Commission claimed that there would be a wide range of preventive efforts already at work in schools and neighborhoods "if only government and community leaders developed pilot programs of prevention in the early 1970s."

Called on area medical societies to "address themselves to the problems created by overprescription of mind-altering and mood-changing drugs."

Called on the liquor industry to police itself in the development of products "that have primary appeal to the young."

The Commission also made other recommendations. These include:

Increased efforts on the part of the U.S. Departments of State and Justice to halt the international drug traffic into the United States.

Establishment of a Special Advisory Task Force on Youth in New York State to "monitor the continuing phenomenon of drug and alcohol abuse among youth as well as to encourage the full implementation of the Archdiocesan Action Program." The Commission recommends that the Cardinal invite representatives of business, law, medicine, education and religious life to serve on the "ecumenical advisory group."

An appeal to the corporate sector of New York to respond to the needs of ex-addicts by creating job opportunities and thereby help "to end discrimination against ex-addicts and remove the stigma attached to overthrowing addiction."

An appeal to government at all levels to establish and fund prevention programs.

An appeal to corporate and foundation leadership to "join in a comprehensive attack" by providing needed funds for rehabilitation and education programs.

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### T. V. Learson's Comments

Looking back on the 70's, the Commission believes the Surgeon General's report of 1979 dramatically identifies the extent of the tragedy of drug and alcohol abuse by youth. The report observes that the mortality rate of young people, age 15 to 24, for the first time in this century rose sharply at an 11 percent rate while all other age groups continued their century long decline.

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In addition, it recommended the establishment of an "Office of Substance Abuse Ministry". Father Terry Attridge was appointed in December, 1980. His assignment was to organize community action in the 407 parishes of the Archdiocese.

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The specific goal of the Office is to launch a campaign and urge all clergy, religious and laity of the Archdiocese to join the battle in addressing the drug and alcohol problem, in particular, as it affects our youth today. It hopes to change public perception and attitudes and is also interested in the restoration of the total human person who is involved as abusers of drugs and alcohol. This will be done through family-centered restoration of values using the Archdiocese's vast network of 407 parishes and 349 schools.

The Office of Substance Abuse Ministry's approach is education, prevention, early intervention, early identification, referral (in regard to treatment) and enforcement.

To date, the educational component has been handled by means of awareness programs in parishes, to parent groups, mixed groups of parents and youth, school administrators on elementary and high school levels. Speaking to key people by means of the high school levels. Speaking to key people by means of the Archdiocesan Council (addressed twice), Vicariate Councils, the Clergy Conference, Youth Ministry Conference, area conferences, consultation for Hospital Apostle conferences on drugs and alcohol, local neighborhood organizations; for example—taxpayer groups and professionals.

In the fall of 1981, training programs have begun throughout the entire Archdiocese. The goal is to have a substance abuse minister in every school and parish. By the end of the first round of training sessions (summer of 1982), it will have between 350 and 400 substance abuse ministers trained to continue in the local community and school the education, prevention, early identification, referred to local intervention and treatment programs.

Mr. ZEFERETTI. Father Attridge, would you like to add to that?

## TESTIMONY OF FATHER TERENCE ATTRIDGE, DIRECTOR, CALL TO ACTION, OFFICE OF SUBSTANCE ABUSE

Father ATTRIDGE. It might be helpful to elaborate on the training program and also the youth connection we are working on in the archdiocese.

Mr. Learson mentioned our primary goal is to get people to look at their attitudes and also their values, if they are out of whack try to do something about it. Our approach basically is, as he mentioned, is to work, I call our branch offices, the 407 parishes and 349 schools. We have people out there who are already working with young people. Our purpose is basically to get people already working with young people and also working with parents.

I think the strength of an approach like this is you already have people who are credible. They have proved themselves in the street in working with youth and adults.

We are looking for the type of person who we can help become more efficient in ministering to persons who are hurting through their use of drugs and alcohol; that type person already listening to youth, who has the facilities to listen verbally to what is being said, but also to what the young person wants to say but cannot communicate. We are looking for someone who is willing to stick their neck out, who really loves kids and sometimes might end up paying the price and might be disappointed. This person who might be able to confront, but also to be compassionate and not moralize and

look at the moral dimension of the use of drugs and alcohol, but really to help youth cope with the things they are experiencing.

The way we are approaching these training programs is to go out into their own territory. For example, a program in Manhattan would be essentially in Manhattan, drawing from the community and parishes, teachers who are professionals to participate in this training. The training program will run four consecutive evenings. We are working off Tuesday and Thursday. We find these evenings are usually more accessible to people.

The Manhattan meeting, for example, would be four consecutive Tuesdays beginning September 22 on. They would run 2½ hours and cover such things as heightening awareness of the individual who is interested in ministering to youth and parents; to examine their own attitudes toward drugs and alcohol; present them with factual information and learn techniques.

This young person is not there all by themself. They are there as part of a network called family. How, again, do you get the family to work in the area of treatment programs? I think they have found the most effective treatment would be to have the parent involved, as well as the young person. That person, if they are going to try to make it drug free, they need the support of key people around them.

A lot of young people find it difficult to communicate with their parents, as well as parents having a difficult time communicating with young people.

Finally, values classification. These training programs will be done by people who have already proven themselves competent in these areas. We have 11 centers already planned. We are considering a 12th center.

For example, the needs in Orange County and Sullivan County are a little bit different from someone living in the Bronx. In the process of offering that program in the area of Orange and Sullivan Counties, we bring these key people together. They are already building the support, because I think all of us have been involved in a situation where we have gone to a workshop, been very enthusiastic about it, and been the lone ranger all by themselves—not finding that support. The inservice programs would evolve from the needs that were found out in the local area. So I think there are a lot of advantages to having these training programs in local areas. So it would be totally a 10-hour program with a followup in the inservice program.

In the youth program, I have been working with youth for most of my life, and I find that people do not give them credit for power and energy. And they are concerned about what is happening to their peers.

My target group in this area I call the reluctant user. As Mr. Martinez mentioned today, the availability is out there. I was just like any other kid growing up in New York; you know it is there, you try it. Then you decide whether you want to get involved with it or not. I think there is a lot of pressure on young people like that today. An individual with a poor self image, socialists have shown this is one of the problems of young people today, to build up their self esteem. So if they can support each other by developing a program, to youth, by youth, for youth, with youth, I think we can

have a very strong approach in that area. That is the youth dimension.

To be able to do that, I have enlisted the help of some of my friends in communications, advertising, and so on, to go about it in a scientific way as to how do you market a product. We are looking into the possibility of focus groups to see how we can gather a representative group of young people, representing our particular area, and use them as a core group.

I had been involved in producing the show in the Garden, when the Holy Father came. Basically the principles I was using start with 19 young people representative of the metropolitan area and turning it into 19,000 people and the response is there. So, the theory is there. We are working it out step by step at this particular point.

Ultimately we would like to see the parents continuing the education and early intervention within their local communities. We would like to lean on some of the local vendors who consistently sell beer, alcohol, wine to people under age; we would like to get those people who are most effective to go to local stores and enlist support or perhaps boycott that particular store in the future. Also to do something about the paraphernalia being sold not just in head shops, but in chain stores and record stores, too. To get the community not only factually educated but to encourage them to support the local law enforcement efforts, too, besides the media, industry, and so on.

Mr. ZEFERETTI. Thank you.

Mr. McCorry.

## TESTIMONY OF FRANK McCORRY, DIRECTOR OF DRUG ABUSE AND ALCOHOL PREVENTION

Mr. MCCORRY. Thank you, Mr. Chairman.

I would like to tell you a little bit about the New York archdiocesan drug program and speak about how we cooperate in Father Attridge's program.

My program has been in existence since 1972, because of the support of the New York State Division of Substance Abuse Services, Westchester County Department of Mental Health, the Orange County Department of Mental Health.

We are presently providing direct prevention and intervention services in 40 Catholic high schools and elementary schools throughout the archdiocese, from Kingston, N.Y., in Ulster County to the tip of Staten Island. We also provide consultation and resource services to any school that requests them.

The prevention services run the gamut from parent workshops to peer counseling sessions to outreach in the classroom. The early intervention service is one we are particularly proud of, because we have developed a model of intervention service that focuses on at-risk kids as well as kids presently using, and we use school functioning as the best arena in which to impact on a kid's substance use.

We have found that kids who come into our high school; often are leaving their neighborhoods for the first time and are changing their peer groups as well. The transition grades such as 10th and 12th, when they enter high school and when they leave high school

are times that they are particularly susceptible to increased drug and alcohol use or initial drug and alcohol use. Often a kid might come into the school, fail his first test, get in trouble with somebody else, and then all of a sudden he is identified with a negative group in the school. Many kids who have absentee problems and family problems are quickly identified in the school as needing particular help. We put those kids into an intervention group so that school can function better for that kid and the kid can function better for the school.

Our experience has been that when a youngster drops out of Catholic high school, he drops out of high school altogether. He goes to public school where he usually ends up hanging around on the corner getting high.

We see the school system as the last major institution in society that can impact on the serious problems associated with adolescence. Our informal surveys have shown that when a kid gets into a group, an intervention group and does start to work on how he can better function at school, his drug and alcohol use does decrease.

A new area we are working in is with Father Attridge's special action office. We are trying to develop an overall comprehensive approach to the problem of drug and alcohol use among youth both in the parish and community as well as the school.

One of the most frustrating factors from a program director's viewpoint is the absence of that kind of overall philosophy at the Federal level.

Every few years, there is a cycle of enforcement, treatment, and much less often in the cycle, someone mentions prevention. This usually leads to hearings, but then it gets lost again. When in fact we know you cannot do effective prevention without effective intervention; that you cannot do effective treatment, you will do only crisis management treatment, without prevention. You are not going to have prevention programs within the very fabric of the community or the school to help youngsters to make responsible decisions about drug and alcohol use until the interdependence and importance of prevention as well as treatment and enforcement are recognized.

What we are trying to develop in the archdiocese is that kind of model where there is that integration in the very fabric of the school.

What I have seen at the Federal level in particular has been an absence of the overall mandate and philosophy as to how to address youth's substance abuse problems.

If I could call upon all of you today, it would be to bring back to your colleagues the importance of developing an overall national response that joins prevention, education, treatment, which includes outreach to the community and early identification for kids just starting to use, with a very active enforcement and State Department policy to interdict drugs as they enter this country. Emphasizing one aspect without the others is futile.

Mr. ZEFERETTI. I thank you gentlemen for testifying.

Mr. McCorry, you say—and you are correct—that there has been no mandate by the Federal Government to take in the three components. I have to agree with you, there has been that absence.

Unfortunately, though I say this over and over again, how can we enlist your help in making a fight for all people to establish priorities? It is not only Congress alone that can create the needed pressures, it is also the administration and those people who must be necessarily alerted that this priority is necessary.

Let me say to you, what you have done is to create this kind of pressure to make that priority a reality, other than just talking to those of us who sit on committees. We still have to go back and convince our colleagues and the administration; an administration which at this particular time does not want to get into the kinds of cost factors that are responsible.

Mr. McCORRY. I agree just talking to this committee would be shouting in the wind. Whenever we do a parent workshop, we talk to them about contacting their Representatives in Congress as to the need of addressing the problem. There is a great deal of indifference and apathy an the problem. What I see in the parents underneath that apathy that is a fear and unwillingness to write because they are afraid it might be their kids.

Until the kind of local community effort that Mr. Learson referred to is strongly pushed, strongly advocated by the service provides, not just the politicians, the apathy will prevail.

Mr. ZEFERETTI. I am going to say this but I will preface this by saying this is a nonpartisan committee. The effort is nonpartisan and we have worked very, very well together. But maybe we should start a campaign such as the President started in his issuance of a cry to the people to write their congressional representatives about his tax bill. Maybe we should start a campaign through the churches, if you would, to write that same kind of letter, saying we are crying out for relief from the drug problem that has permeated our Nation. Maybe that kind of campaign would produce the same kind of pressure or awareness that would cause an impact on the overall problem.

Mr. McCORRY. I think the analogy of the nuclear defense system and our tripod of response, in that each leg of the tripod-land-based, air-based, and water-based missiles have to be necessarily strong to secure our safety fits well when you talk about the problem of drug abuse.

The window of vulnerability which now exists, exists because one leg of that tripod, prevention, has been ignored. The two other legs of the tripod, namely enforcement and treatment, receive attention sporadically as the national mood oscillates between the two poles. When if you want to impact on the window of vulnerability of our youth, all three legs of the tripod have to be strengthened, then integrated.

I agree with you 100 percent, Mr. Zeferetti, the more we are able to use the local community, the local church and local synagogue to sensitize our people to the need, the more likely something will be done in terms of building that tripod.

Mr. ZEFERETTI. Father, do you share this information throughout the five boroughs? You said you put together this training program which is going to have arteries branching out. Is there a formulation of a task force within the church that is going to share intelligence, information and program success as you go along? Or is it just New York County by itself, vis-a-vis, Brooklyn working

and Westchester working and somebody else working? Is there a task force that puts it all together?

Father ATTRIDGE. We have a newsletter that will be coming out four times a year encouraging people to follow up by correspondence. We would encourage people to write in to either their Congessman, Senator, or the President on a particular point. In advertising what we have been doing, the commission report Mr. Learson referred to has been sent out all over the country to people like yourselves, the American bishops——

Mr. ZEFERETTI. Excuse me. What I am saying is, is there something in operation today which gives you the ability and opportunity to share your training program and the successes you might incur with the other avenues of New York State so there is a correlation of effort going on at the same time, a reporting group that comes in and says we have succeeded here, we have failed there.

Father ATTRIDGE. That is the purpose of what our office is about. Our training programs have not begun as yet. It is sort of theory and we are ready to move.

Mr. ZEFERETTI. What do you think of bringing in other faiths into that same kind of arena to share successes as a means of everybody cooperating in one effort?

Reverend ATTRIDGE. One of the recommendations in the report is to develop such a commission. That is the intention of the Cardinal to do that.

Mr. ZEFERETTI. He has been very helpful to us. Jointly this committee and His Eminence himself have made an impact on the Vatican. His Holiness responded in a most affirmative way. It was the first time we had gotten that kind of awareness.

I would like to share that with some of the other faiths, because it is that type of a problem. Collectively, I think the impact can be felt greater, and as I was saying to Mr. McCorry, if we can get that kind of effort going, those in power to make those decisions would listen a bit more readily if in fact those programs are put together.

Second, Mr. Learson, what have we done to bring the corporate structure into this fight, and how can we advance it? You heard Mr. Martinez say at best he got a very small amount of money. I know as far as your church is concerned it is a costly endeavor. Also, what would you suggest we do to bring these people together and have them make some contribution?

Mr. LEARSON. I hope we can get corporate management throughout the country excited about this program. That will happen when we have some success. I do think then they will fund some of this.

For example, the Prudential Life Insurance Co. has Channel 1, they call it, which has expanded to I have forgotten the number, 14 or 15 regions, where their regional manager takes over but there is corporate backing of it. That has been quite successful. Ours is an endeavor within the community to help the youth and as a result of helping the youth and getting it well known, parents working with youth and youth with youth, enforcement is not solved but will be improved tremendously.

Yes, I think corporate management can be of more help than they have been in the past.

Mr. ZEFERETTI. There are better than 600 parental groups that have reported to this committee that want the opportunity to learn a little bit more. They want the opportunity to recognize some of the problems, if you would, some of the children that testified before us, Father, going back to what you said earlier, they want to belong to a peer group that says no, rather than yes. They are just looking for a way to pull out of that environment, so they can get away from that peer acceptance that says you must use drugs.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Learson and members of the commission, I want to congratulate you for the excellent report you issued and the manner in which you went about tackling the issue. I remember when some of the members of this committee met with His Holiness in Rome. We initially talked about the problem and were impressed with the Pope's real concern and interest in this issue.

Just this past few months we had the opportunity to go to the Castel Gandolfo grounds and visiting the Daytop program in action. I was pleased it was fashioned after a program in our own region in Sullivan County and found some of our Sullivan County people working in the Daytop program. We hope that model will begin to be used throughout the country.

Mr. Learson, you certainly have attacked this in your usual professional manner and I hope your prior work in the Law of the Sea treaty will permeate through the drug abuse structure. We need that kind of help in this effort.

I would hope this does not become just another report to sit upon the shelf someplace. Apparently it is not, from reports we are hearing now. Too often, the best reports find their way upon the shelf and after a momentary look at the problem, as Mr. McCorry says, we have seen attention given and then a lack of followup.

What really is needed here is a combination of government, of educational people, religious people, people in every sector of the community working together. Government cannot do it alone, educators cannot do it alone, and the religious sector cannot do it alone, but by all of us working together, we may begin to make a dent in the problem.

Yes, it is a threefold problem of education, treatment, and enforcement. I think our committee has begun to recognize that more than anyone else in the few years we have been at this. But we have done too little in the area of enforcement. I think one of the most effective forces will be through the various sectors of our community, the religious sector, that can have such an impact on family life.

I would hope you are going to be able to expand your effort and that we will see this effort grow in other religious communities, and I would hope you would reach out and encourage joint effort with other religious communities and other faiths to work along with you in trying to do what you are trying to do within the Catholic laity and Catholic clergy.

Recently as an experiment, I conducted a communitywide effort in my district to start the groundwork for getting some people involved in the communities. I appreciated the cooperation of your

commission in providing us with some of the material and support. We hope to expand that effort.

Our chairman asked what we are doing to encourage the corporate sector. I think the corporate sector has been utterly—has been without any responsibility in this area. I have seen very little come from the private sector with respect to initiatives in drug education and treatment. I would hope Mr. Learson, with your excellent background, coming from one of the largest corporations in the country, that you could encourage a business council to start looking at their responsibility. It needs some leadership; someone out in the business community to tackle the problem and bring it home to the business community, that they have a responsibility. They have a problem right within some of the largest corporations, as we know. They have found problems in the executive group, problems out on the floor of the shops.

Our committee has just returned from an analysis of drug abuse in the military. Tomorrow we will be discussing that in Washington, the findings of that committee. We have found some very alarming results of that study.

I would hope that somehow you could encourage the business community to get involved. We need their effort and help, and they can be extremely helpful in trying to do just what the Cardinal's commission is attempting to do to raise the public's consciousness to this problem.

I was wondering if you felt your report is being followed through to the fullest extent. Are there areas where Government can be supportive in some of these instances?

Where do you feel the greatest need is, having made the report and starting down the road to implement the report?

Mr. LEARSON. Mr. Gilman, the report itself, unlike most commission reports, had action on it before it was even printed. In fact the Cardinal himself was active in stressing the problem to the entire archdiocese.

The core of it is the work that Father Attridge will do. As he has outlined to you, he has done a lot to this point, but his educational program just begins this fall. That will take time and it will take trial and error. One can write an educational program and it may require revision. So we are going to continue that. Until we get that going, until we start to see some success in the forming of the community groups and having inservice people assigned to groups within a parish, one just does not know the success. But we know that success will come if all that happens and if we can get the laity as well as the religious excited in the community, acting as a community body. It is just plain hard work we must do between now and next summer. It is under way, it is in the good hands of Father Attridge. I think in another 6 months we will be able to report to you the success and some of the pitfalls, perhaps, too.

Mr. GILMAN. Is the program geared primarily for the private school system, the parochial school system, or are you expanding it?

Mr. LEARSON. It is for the whole community. We will use the religious within the parish and the laity in the parish, but we will not rule out anyone and everyone who will address the problem with us and work on the community team.

Father ATTRIDGE. This particular time we have been working with district 10 in the Bronx. Our intention is to broaden that. When I talk about parish or school, I am talking about a locus or place, where it can work out, but it is definitely open and available to anyone in the community interested.

Mr. GILMAN. You will be reaching out to the school districts. Are other dioceses doing similar programs? What is the result nationwide?

Mr. MCCORRY. The Brooklyn Diocese has a very active program very similar to our school-based program. It is almost strictly a school-based program operating in most Catholic schools; again with help from the State's division of substance abuse services. There are a few other dioceses within the State who are addressing the problem locally, but there still remains a great deal to be done in terms of involvement.

Mr. GILMAN. Is the work of the Cardinal's commission supported wholly by the church? Is there any other outside funding?

Mr. LEARSON. It is entirely voluntary. The Cardinal himself supported it with funds.

Father ATTRIDGE. We are making a move to try to get Federal funds in connection with action. I have put in a proposal. We will see what happens.

Mr. GILMAN. For what?

Father ATTRIDGE. The Cardinal has been very generous in telling me to not worry about the funding to get the program moving. But on the other side of it, I think the uniqueness of this program is that we are working with volunteers. The thought is something like Peace Corps, VISTA. If something could be done to organize people within this country to do something about that, that was the idea of getting funds in that area.

Mr. ZEFERETTI. Will you yield?

Mr. GILMAN. I will yield to the gentleman.

Mr. ZEFERETTI. If you will, send us a copy of the proposal. We will be happy to evaluate it. Maybe there is something we can do to help you along the line.

[The information follows:]

ARCHDIOCESE OF NEW YORK,
OFFICE OF SUBSTANCE ABUSE MINISTRY,
*New York, N.Y., September 15, 1981.*

Hon. LEO ZEFERETTI,
*Washington, D.C.*

DEAR CONGRESSMAN ZEFERETTI: I am enclosing a copy of our project proposal to ACTION as you requested at the hearing on September 14th.

I enjoyed meeting with you and hopefully some action will be taken on this proposal.

I appreciate your concern in this matter.

With best wishes,

Sincerely,

Father TERRY ATTRIDGE,
*Director, Substance Abuse Ministry.*

Enclosures.

I. INTRODUCTION: THE OFFICE OF SUBSTANCE ABUSE MINISTRY

In November, 1979 Cardinal Cooke established a Commission on Youth charged with focusing on drugs and alcohol abuse. This Commission was headed by T. Vincent Learson, chairman-retired of International Business Machines. The executive director was Msgr. William B. O'Brien, president of DAYTOP Village, Inc. The

remainder of the Commission was made up of an outstanding group of laity, religious and clergy.

The task of the Commission was to investigate the problem of substance abuse during the past decade, particularly among the youth of this country, and to evaluate the impact and effectiveness of various attempts to confront the problem during that time. The Commission was also asked to formulate policy recommendations, indicating action to be taken to address this critical problem during the decade of the 80's.

As a result of the Commission's findings the Office of Substance Abuse Ministry was established in December, 1980. This office has been charged with the responsibility to coordinate, to plan and to direct the multifaceted programs of the Archdiocese in its efforts against alcohol and drug abuse.

Toward this goal, the Office of Substance Abuse Ministry has undertaken measures to implement a comprehensive prevention, education and early intervention program throughout 407 parish offices and 349 schools comprising the New York Archdiocese.

Even with careful planning, it is important to stress that this will be a pilot project geared to the utilization of volunteers. If it proves successful, as we have every expectation it will, the program can then be duplicated in other urban areas throughout the country.

We wish to stress that, while this program will begin through the Archdiocese of New York, it should in no way be thought of as either a Catholic or a local project. We have every intention of broadening the base of leadership support to include prominent individuals representing every faith (as on the Commission) and in seeking ways and means of enlisting financial support from the public sector to take the place of the initial government support we now seek.

The use of the Diocesan network of school and parishes presents an excellent network through which to implement this pilot project. As we develop and duplicate this work in other areas of the country, other existing networks can be used, e.g. Protestant churches; synagogues; public school systems; private schools; etc.

We believe that this is a unique and effective program which will work! We need your help for its implementation.

## II. THE PLAN—DARE

The Office of Substance Abuse Ministry has as its primary goals the prevention, education and early intervention in alcohol and drug abuse among our youth. Its special action program—DARE—challenges young people to "dare to be different", to build peer support groups of young persons who do not want to become involved with drugs and alcohol, and to reach out and restore those who already may have become involved.

Prevention, education and early intervention efforts have already been actively and successfully implemented over the past several years in a growing number of our schools through the Archdiocesan Drug Abuse Prevention Program (ADAPP). The Office of Substance Abuse Ministry seeks to extend this on the parish level as well, through a comprehensive training program for selected volunteers who have indicated interest and a willingness for commitment. With the "networking" potential of the Archdiocese's 407 parishes and 349 schools extending over 10 counties, this training program will be able to prepare local, on-the-scene personnel as substance abuse resource people who will facilitate local needs assessment and who will help develop positive support groups of parents and youth.

The prevention component will work with area parents, family and youth groups to foster attitudinal change and personal values-clarification, to develop skills in problem-solving and decision-making and to promote the concept of personal responsibility. Alternative, positive techniques for coping with stress, for promoting positive self-image, for supportive adult and youth relationships will be emphasized as well as the development of constructive activities which foster a sense of achievement and personal growth.

The education component will include awareness and information sessions in our parishes for parent groups, youth groups, school teachers and administrators, members of parish councils, clergy area conferences, parent-teacher organizations, area youth conferences and area workshops for other interested groups. Education efforts will also be directed toward parent-power awareness in the local community, to encourage positive action against destructive elements effecting young people.

Early intervention with the youthful alcohol or drug abuser is essential in order to interrupt behavior patterns which may lead to eventual dependence or addiction. Recognition of the signs and symptoms of drug and alcohol use, knowledge of the various kinds of drugs and drug paraphernalia, and the development of skills in

effective intervention will be explored. When indicated, referral to appropriate treatment resources will be made.

The training program will develop a qualified substance abuse resource personnel in every one of our parishes and schools. These men and women will be able to have continued in-service training and support groups among each other in order to accomplish this task of educating the people of their parish or school, to establish an effective prevention approach, and to form local peer groups among adults and youth.

### III. MAKING DARE A REALITY

The DARE program represents a commitment of resources and a challenge to people, young and old, to action. It is a visible and responsive answer to the serious questions and concerns about drug and alcohol abuse among our young people.

DARE is a program of familiar ideas in a comprehensive format. DARE has been designed to begin formally in Fall 1981. Integral to the success of DARE, both immediately and especially in the future is its acceptance by the adults and young people and parents of our communities. The Office of Substance Abuse Ministry plans to inaugurate the DARE program with a special focus toward the adult (Adult Component) and the youngster (Youth Component).

Together, these Components are the necessary requisite ingredients for building program visibility, credibility and durability. Without this essential visibility and credibility, the Office of Substance Abuse serving the suburban, rural and urban communities of the New York Archdiocese will be unable to achieve its fullest impact and potential.

### IV. ADULT COMPONENT

The Adult Component consists of an intensive training program for approximately 450 adults, specially selected to become local community substance abuse resource persons. The adults will be volunteers selected for their ability and willingness, interest, time and energy in the training program and subsequent work with youth.

Training will take place at various sites throughout New York City and its surrounding counties. Each course will involve a maximum of 40 members in four evening sessions. Each session lasting approximately two and a half hours will consist of guest lecturers, media presentations and up-to-date materials (Attachments: 1—List of Training Centers; 2—Goals and Objectives in the Training of Parent/School/Parish/Community Youth Workers).

*Adult component—training goals and objectives*

To have current factual knowledge of drug, alcohol and other substances of abuse.

To be able to recognize signs and symptoms of abuse.

To know how to intervene in the abuse pattern.

To be able to form groups of parents back in their respective areas (school/parish/community setting) for:

Parent peer-support; "parent-power" awareness; parent/school/parish/community cooperation; do needs assessment: i.e. what's going on in our community? Where are the young people getting their supply? Are our liquor stores selling to minors? Other vendors selling drug paraphernalia? What can we do and how can we do it? and to urge parents to join The National Federation of Parent Groups and/or Parents for Drug-Free Youth.

### V. YOUTH COMPONENT

The Youth Component consists of two elements: focus group interviews and youth awareness.

Focus group interviews are planned to examine the attitudes of youth toward drug and alcohol use, non-use and abuse by their peers. Six group interviews will be set up in various locations throughout the Archdiocese to insure a balanced demographic composition of girls and boys from different walks of life and environment. Each group would be made up of 12 to 20 young people conducted by a professional staff. Audio, video and photographs will be recorded at each session. Extracts of these records of sessions will be used at a later date for adult training sessions and for youth presentations.

A professional analysis and review of each focus group will be summarized and put in printed form for review and guidance. This information will be disseminated and play an important part in the Adult Component.

Youth awareness of the DARE program (Drugs/Alcohol/Rehabilitation/Education—"DARE to be different") will be achieved through the distribution of Tee-

Shirts and Sweat Shirts with the DARE logo to young people. Lapel pins will also be used. Printed brochures, posters and slide shows will be prepared and available for public relation purposes.

*Youth component—goals and objectives*

(1) To provide youth themselves with a forum to say something about substance abuse—not adults; (2) to train young people to work with each other, the ideas and activities coming from them, not from adults; (3) to enable young people to change negative peer pressure into positive peer support; (4) to have young people be the means of outreach to other youngsters who want help; (5) to utilize local people within their communities, aware of their areas' specific needs; (6) to have the youth program cut across economic, social lines; and (7) to utilize peer guidance.

*Budget—DARE*

ADULT COMPONENT

| | |
|---|---|
| Personnel expenses: | |
| Training program director (100 percent) | $10,000 |
| Clerical assistant (50 percent) | 4,000 |
| Travel: 44 training presentations, 33 educational seminars, 1 general conference, estimated cost parking, mileage, tolls for site visits—$55 times 78 | 4,290 |
| Contractual service: | |
| Professional speakers, 44 presentations, 4 sessions at 11 training sites (educators, family communication specialists, addiction counsellors, group facilitators) | 8,800 |
| Training site rental, 11 sites (4 times each at $200) | 2,200 |
| Instruction television taping, 8 segments at $1,000 each | 8,000 |
| Other: | |
| Substance abuse general conference, $1,250 (2 times) | 2,500 |
| In-service, continuing educational seminars, 11 sites (3 times) per year at $200 | 6,600 |
| Communication: | |
| Postage $125/mo | 1,500 |
| Telephone—$125/mo | 1,500 |
| Printing: | |
| Binders (600 times $5) | 3,000 |
| DARE decals (500) | 500 |
| Reprints of articles | 2,300 |
| Total adult component | 55,190 |

YOUTH COMPONENT

| | |
|---|---|
| Contractual service: | |
| Media interviewer, 6 locations, focus group interviews (6 times 1,000) | 6,000 |
| Video taping, focus interviews (350 sessions times 6) | 2,100 |
| Other: | |
| Travel, reimburse of transportation expense for 120 youngsters (120 times $15) | 1,800 |
| Meals (120 times 5) | 600 |
| Youth promotional and recognition materials: | |
| Tee shirts (1,500 times $4) | 6,000 |
| Sweat shirts (500 times $6) | 3,000 |
| Lapel pins/tie tacks (1,500 times 50 cents) | 750 |
| Posters (750 times $1) | 750 |
| Screen of logo | 200 |
| Dye of logo | 100 |
| Slide show presentation, duplication of slides and audio-cassettes | 400 |
| Total youth component | 21,700 |
| Total | 76,890 |

Mr. GILMAN. Approximately how many young people are available for your program right now? How many young people will be affected by the program you are presently suggesting?

Father ATTRIDGE. I do not know exactly what the number is, but we would be open to the youth in the diocese. I do not know how many that is.

Mr. MCCORRY. There are about 150,000 children in the Catholic school system. Eventually every single one should be exposed to some aspect of drug intervention and prevention.

Mr. GILMAN. I would hope you would keep our committee apprised of your efforts. If we can be of help, I know my colleagues want to make certain a program of this nature will be successful.

Thank you.

Mr. ZEFERETTI. Mr. Rangel.

Mr. RANGEL. Thank you, Mr. Chairman.

Let me thank this panel and the archdiocese for its leadership in fighting this very serious problem and also for expanding it beyond the church to be able to get the talents of Mr. Learson.

I want to personally thank you for bringing your expertise to this battle with the type of expertise and intellect you have, not only individually but being able to educate others as to how serious the problem is.

I have found politically that one of the major problems people have is that they have a tendency to beat up on or ask more of people already working with them. We would know as politicians, if some people are demonstrating in Washington for a particular cause, they will have a tendency to come to my office because they know I am friendly and support the cause rather than go to some office and persuade someone else to join in.

So, since we all come from the same family, recognizing the problem, any questions I ask, it is only because I am trying to find out whether or not we can use our resources to be more effective, and I am willing to accept the responses given by you, Mr. Learson, and the panel if in fact these ideas are not compatible with the general thrust of your committee.

I would like to point out that people on the commission, people who are consultants to the commission, many of them work right within my congressional district.

As I was just telling the chairman as an aside, when you talk about Reverend Hand, and Project Enter, and Father Ben Taylor and Project Create, they are operating with very little resources. A lot of heart and a lot of dedication around the clock, but very little resources.

But I cannot help but believe with all the emphasis being placed on community education, on trying to get people to understand that no matter how deep their problems are, drugs will not help them, it will just make it worse, that somehow, when you take a look at our Federal Government's priorities and you have studied it, just what is needed in the community and what our priorities are, and I am not talking about Mr. Reagan any more than I will be talking about Mr. Carter or Mr. Ford, that somehow we get the impression that as you relate to the problems, Father Attridge, that you are making a proposal to, you make it in the atmosphere that our Government is saying it is a local or State problem.

But if you look in the street and you see people selling drugs, you know somebody is going to arrest them if for no other reason than to show a kid if you do this, you get arrested; and you find the Federal Government has said we are pulling out of Federal involvement in law enforcement. What was the project that was dependent—you know, we closed the agency on all our prosecutors and policemen—LEAA. We eliminated it. The crooks know they will not be prosecuted.

When we start talking about individuals, if we cut back on health care, housing, and rehabilitation, and we see a budget which is a political budget no matter how you cut it, when they say sacrifices have to be made, we know who they are talking about.

Now a lot of business people have found their way to Washington to support the budget, thinking in a long run this will be healthy for the economy, and somehow if you get the economy back on its feet then at a later date we can get back to some of these problems.

I might add, too, many religious organizations have found their way to Washington, some concerned with some foreign policy as it relates to the Middle East, others have been concerned with legislative matters as it deals with the right to life, very important moral questions, and yet I have not heard, besides partisans and those people who perhaps lose their jobs because they depended on the Federal Government, I have not felt in Washington the presence of the church or the synagogues or the private sector as it relates to domestic and foreign policy on drugs.

Now it could be that to expand your agenda to cover these matters may reduce your effectiveness to do things you know you can do. It may very well be this may be "too political" in trying to have input on how we vote on a budget. But I cannot for the life of me see how we are going to see the light at the end of the tunnel unless we stand up and say we will do all we can. But unless we can depend on you, quite honestly, Mr. Learson, I do not see where we can go.

I know that was more of a statement than a question, but to reduce the statement to a question: Is it at all possible for the cardinal's commission on drug and alcohol abuse to deal with the budgetary problem in a national way as to what we are facing, not only before we recessed, but what we are going to face this week, this week, as we find Congress being asked to cut forever?

Is it a realistic request, Mr. Learson?

Mr. LEARSON. Mr. Rangel, I do not believe our commission has the competence to outline in sequence where the Federal Government should put its money. I think you gentlemen have listened to testimony for a long period of time on this subject and are much more knowledgeable than we.

We do know, however, that additional moneys are needed in the three areas mentioned. How to prioritize them I am not qualified to say. But we do need assistance in the unorganized effort I see in the enforcement area, and I am talking about the national enforcement area, not local. Someone said this morning that IRS should be the key——

Mr. RANGEL. I wish the Congress was competent enough to determine the priorities of expenditures, but politically speaking, that option was never before your Congress. There was only one ques-

tion before your Congress, and that was should we sustain the President's request to vote for a reduction and we knew what was in that reduction. Our programs were in that reduction. My question is, not on a line-by-line, but can our voices be heard—can your commission, which is not secular, could your commission ask of our Christian and Jewish leaders to make an appeal on a moral ground to the President of the United States, that this as it relates to domestic and foreign policy is of the utmost importance to us, and no matter what programs are presented to the Congress, please consider the problems that we are facing throughout this country? It is my considered political opinion that if this request is made, a lot of people will then be able to use their political muscles to get that itemized line by line that you mentioned.

I may have missed it, but somehow I do not think in this area I have heard of the strength of our churches.

Mr. LEARSON. I mentioned in my statement there has been a curtain of silence around this drug problem, and that encompasses many facets of our society. It is that curtain we are trying to lift, the Federal Government has to stand up to it and help. Our report is clear in that regard. To prioritize it, I would not endeavor.

Mr. RANGEL. Thank you, Mr. Learson.

I will send you a note thanking you for your testimony and making some suggestions. Thank you so much.

Mr. ZEFERETTI. Mr. Guarini.

Mr. GUARINI. Thank you, Mr. Chairman.

Of course there is considerable lack of funds to implement the programs. Is that part of your message?

Mr. LEARSON. I believe that is correct, sir.

Mr. GUARINI. How big an expenditure has the archdiocese put forth? Is there a dollar amount they are expending and a dollar amount they are requesting from the Government?

Father ATTRIDGE. I do not know. I know the budget I was told I could work with was about $75,000.

Mr. GUARINI. Which is very minimal for the great undertaking you have.

Is there a recommendation to the Government for funds?

Father ATTRIDGE. I made a proposal for ACTION.

Mr. GUARINI. For how much?

Father ATTRIDGE. Something like $76,000.

Mr. GUARINI. Which is still very minimal for the undertaking.

Father ATTRIDGE. But I also thought if I asked for much more, I would not get anything.

Mr. LEARSON. The State gives us about $600,000.

Mr. MCCORRY. The State funds the school-based program that is involved in the Boroughs of the Bronx, Manhattan, Staten Island, and the seven counties north of New York City, a total of a little more than $600,000; and the State has been tremendous in supporting the work we do.

What they do in turn is they go to the Federal Government and say we need more money to fund programs in schools. The National Institute on Drug Abuse has not been responsive to these requests.

Mr. GUARINI. Have corporations been helpful in this regard insofar as giving moneys to the church?

Mr. McCORRY. Foundation.

Mr. GUARINI. Yes.

Mr. McCORRY. I do not know of any particular foundation that has addressed drug abuse as one of its priorities. So the curtain of ignorance exists in foundations as well as in the American people.

Mr. GUARINI. Like going to a fire with a water pistol.

Are students being educated within the Catholic school system as to the evil of drugs?

Mr. McCORRY. The State law mandates as part of the health curriculum there be a component on drug and alcohol abuse. Most studies have shown that education alone is fairly ineffective, sometimes counterproductive. The kind of programing funded by the State and the kind Father Attridge is putting into the schools and to the parishes is prevention programing which allows the student to talk about what is happening in their life and to choose alternatives other than drug abuse.

To give the facts of drug use is to create better informed, better clinical drug users. You have to provide a forum in which kids can talk about the real issues in their lives if they are to avoid, or moderate, or minimize drug use.

Mr. GUARINI. Let me ask you quickly: Is there any cooperation with the public school system where you are working together with them and implementing a program, or is there a single effort on behalf of the church?

Mr. McCORRY. The public schools are also funded by the State; in New York City, very much so. Each school system has its own drug abuse prevention program.

Mr. GUARINI. Are you talking with them and forming an overall strategy?

Mr. McCORRY. My program relates to all the district programs, and Father can speak on the new programing.

Mr. GUARINI. Have you involved the PTA's and other civic groups in this effort?

Father ATTRIDGE. I mentioned before we are working with district 10 in the Bronx, and hopefully we can expand that.

Mr. GUARINI. Is that alcohol as well as drugs?

Father ATTRIDGE. That is part of the problem we always find. It is alcohol and other drugs. We have sensitized people to watching out for the medicine chest, but we have not been effective in talking about the refrigerator and liquor cabinet. Parents would say, he is only high on booze. We have to get across the idea that is not a good thing for a young person either. We find the initial contact with a drug is around the third or fourth grades. They are drinking in the third grade and smoking marihuana in the fifth grade, then they get into a lot of other things, too.

Mr. GUARINI. Do you make much use of peer pressure?

Father ATTRIDGE. Yes.

Mr. GUARINI. Thank you, Father.

Mr. McCORRY. Research has shown the single best predictor of drug use is peer use. If you know your son's best friend is getting high, you do not even have to ask your son, because that is how strong the association is. If you hang around a group that is getting high, you will be getting high with them.

Mr. ZEFERETTI. Thank you, gentlemen, very much. I have had the good occasion to go to the Bishop Ford High School in Brooklyn which has a closed circuit program going into the schools and communities. I would hope that effort can be utilized. That has a message all in itself. Whatever training program you put forth, I would hope you make communications one of the most important elements.

Father ATTRIDGE. In sending you the proposal for ACTION you will notice we have already planned to use the media. You are hitting at a large scope of people all the time.

Mr. ZEFERETTI. Thank you, gentlemen.

Our next witness is Rabbi Friedman.

Before you start, can we give the reporter an opportunity for just a touch of breath there.

[Recess.]

Mr. ZEFERETTI. Rabbi, please proceed in any fashion you wish. Rabbi, the entire statement will be made a part of the record.

## TESTIMONY OF RABBI MURRAY FRIEDMAN, NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS

Rabbi FRIEDMAN. Honorable Chairman and committee members, I am the director of CounterForce, a substance abuse prevention/intervention program funded by the New York State Division of Substance Abuse Services and conducted under the auspices of the National Society for Hebrew Day Schools.

The program is now entering its 11th year of service to the network of Hebrew day schools in New York City.

I will spare you a lengthy oration and trust, instead, that you will study with care the statement which I presented to the committee in writing.

I will use this opportunity rather to present in a modified and condensed form the major ideas contained in the statement and attempt to reply to any questions which you wish to pose.

Let me begin by congratulating the Select Committee on Narcotics Abuse and Control for conducting this public hearing on drug abuse prevention.

Until 2 years ago, the agency which dispenses Federal funds for the control of drug abuse used its funds almost exclusively to subsidize treatment programs or endow elegant research projects conducted by select universities.

About 2 years ago, due largely to cries of protest from drug abuse prevention/intervention programs in New York City, Congress mandated that a significant percentage of funds be earmarked for prevention purposes.

This landmark legislation signified a recognition on the part of Congress that, first of all, it makes good sense to intercept the drug abuser before he is so heavily addicted that he must be placed in a treatment facility, and second, that the control of drug abuse in its early stages is also good fiscal policy since it surely has a better index of cost effectiveness.

The present hearings are another indication that the Members of Congress who are most closely involved in this drive against drug abuse realize that this pandemic plague can be stamped out only

by counteracting its infection at the incipient outbreak, rather than by seeking a cure after it has reached an advanced stage.

My 10 years' experience in the drug abuse field have taught me two great lessons. The first lesson is that there is no single approach that can be used successfully. A total, comprehensive attack that encompasses a multiple methodology is the one that is most efficacious.

I use my own program as a microcosmic example. Whereas the program began initially as a school-based counseling program, which concentrated chiefly on the clients, in time, the program expanded to include family counseling, parent training, teacher training, community outreach, life experience training, and other related services.

The program expanded vertically as well. At first, it accepted only students in the junior and senior high schools, but at present, it also treats students on the college level.

This I have done on a small scale with the limited resources which the State graciously granted to our program. But this concept should be adopted on a macrocosmic scale as well.

Drug abuse, and its companion evil, alcoholism, have grown to such enormous dimensions that a total mobilization of the country's best human resources is necessary if it is to be successfully combated.

Under the leadership of Federal, State, and local legislators and officials, the major sectors which constitute society—industry, labor, the professions, clergy, the media, organizations, agencies, and institutions—must be conscripted into a war against this dread menace.

And the country's very best brains must be tapped in order to formulate the strategy with which this reservoir of human resources can be deployed for battle.

Parenthetically, I was deeply grateful to learn that this concept has been so warmly embraced by members of the select committee.

The second great lesson that I have learned is that the drug abuser is seldom a pure type. The youngster who uses drugs is also likely to be involved with one or more of a cohort of negative behaviors, such as alcoholism, truancy, criminality, sexual license, moral corruption, and the like.

Nor is this surprising. All of these behaviors are symptoms of underlying psychic disorders which manifest themselves in different forms, depending upon environmental factors.

There are two implications contained in this proposition. First, it indicates that one should seek to discover the underlying causes of drug abuse and its accompaniment of deviant conduct rather than deal with the surface signs alone.

It may be necessary to probe into the changing value systems and life styles of our society and ascertain how they are contributing to the psychic debilitation of our citizens.

This may be an unpopular pursuit, yet it needs to be done, nevertheless. One does not cure a raging fever by simply putting a cold compress against one's head; the cause of the fever must be tracked down and arrested.

Similarly, to regard drug abuse as an entity in itself means to lose more ground than is being gained. Moreover, even if drug

abuse should subside, the underlying disorder is sure to appear in some other destructive form.

The second implication is that it is superfluous for so many different Federal agencies to exist which deal with the human problems of society.

Since human behavior does not fall into neat compartments, it would be far more sensible to charge one Government agency with the responsibility for dealing with the various types of self-destructive or antisocial behaviors.

Some time ago, I proposed that Congress legislate a Human Conservation Act which would effect a merger of various Federal agencies and subsequently enable drug abuse programs of proven quality to enlarge the scope of their activities and deal with the problems and the needs of disordered personalities of many types.

This consolidation would eliminate the necessity for clients to apply to a number of different agencies in order to satisfy all of their deficits.

Perhaps block grants can be devised which will help to meet this objective. And, of special interest at the present time, this coalescence of service may be just the right solution for the Federal Government to maintain or even increase its services to the public despite the reduction in available funds.

I wish to thank the members of the committee for granting me this opportunity to state my views and I sincerely hope that they may be of some value to you.

The work which you have undertaken is noble and virtuous, and I pray earnestly that you be granted the strength and wisdom to bring it to fruition in the near future.

[The prepared statement of Rabbi Murray I. Friedman follows:]

STATEMENT BY RABBI MURRAY I. FRIEDMAN, PROGRAM DIRECTOR OF COUNTERFORCE, ADMINISTERED UNDER THE AUSPICES OF THE NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS

It is my object in preparing this statement to share with you a number of conclusions which I have reached as a result of my ten years experience as director of the CounterForce Program which is funded by the New York State Division of Substance Abuse Services and conducted under the auspices of the National Society for Hebrew Day Schools. During this decade of service devoted to counteracting the scourge of drug abuse in the Hebrew Day Schools of New York City I have sought on numerous occasions and at various forums to convey to others whatever knowledges or insights I was able to gain from my own activities in this province. Drug abuse is so infectious that it is a delusion to believe that the problem can be solved in a piecemeal fashion. As long as one focus of this disease remains every segment of the community is vulnerable. I am gratified, therefore, by this opportunity to present my views to members of the United States House of Representatives who constitute the Select Committee on Narcotics Abuse and Control.

I find it useful to formulate my position as a part of propositions, each followed by a narrative commentary. The first proposition is that drug abuse, and its cohort of deviant behaviors, is so massive a problem that only through the coordinated and highly energized efforts of all sectors of society is it possible to reverse the frightening trend. I use my own program to support this affirmation. In 1971 CounterForce was inauguarated as a school-based drug abuse prevention/intervention program which provided counseling services for youngsters on the junior high school and high school level. Each succeeding year brought increased realization that it would be an inadequate effort to concentrate on the youngster alone. Members of the client's family had to be involved in many instances in order to reinforce the efforts being made with the client or to reduce the negative influences generated by the home. Parents collectively had to be trained in specific skills in order to be able to respond effectively when brought into a divisive situation or a confrontation with their children. Teachers, too, required additional training to deal with disruptive

behaviors and rebellious conduct that is characteristic of student population that has been raised in a drug-ridden world. Reaching out even further, leading figures in the community and also the various organizations, institutions, and agencies that exist within the community needed to be mobilized to create a climate that fostered wholesome pursuits and productive life styles. Finally, the efforts to curb drug use could not cease at the secondary level but had to continue for youth on the college campus, for youth at work, and for youth as they become adults.

In response to this wide spectrum of needs, the profile at the CounterForce Program has changed radically. In addition to its school-based counseling component, it now operates three family counseling centers, trains groups of parents throughout the city, administers a sophisticated teacher training component, conducts a community outreach service, and rehabilitates youth reclaimed from the college campus. It is my belief that this situation represents in a microcosmic form the tightly organized web of services, projects, and activities that need to be operated nationwide in order to launch a successful offensive against drug abuse and its related evils.

As a further step, the very best brains that this country possesses must be brought together to draw up a master plan by which all sectors of society—government, industry, labor, professions, education, media—are able to mount a unified campaign to stamp out this plague from our midst. Nor is this idea mere rhetoric. I believe that this can be done and that it must be done. Indeed, the New York State Division of Substance Abuse Services is already moving in this direction with its CATCH (Citizens Alliance To Control Heroin) project which incorporated a number of the concepts which have been expressed here. I see no reason why similar attempts should not be made in all States under the leadership of officials in Washington.

The second proposition is that drug abuse cannot be treated in isolation apart from other morbid conditions in our society. Widespread drug abuse is a symptom of an underlying social pathology, and other deviant behaviors, such as alcoholism, criminal conduct, truancy, sexual license, moral corruption, are manifestations of the same diseased condition. An attack on drug abuse can be successful only if it is conducted in conjunction with a campaign to rid the country of other harmful features which are having such devastating effects. Drug abuse is basically a maladaptive response to an unfilled need, and precluding the response does not eliminate the need. The youngster who is deprived of this particular form of gratification will find it in some alternative antisocial behavior which temporarily satisfies the yearning which drives him. The country must address itself to the basic conditions which are producing such large number of delinquent youth rather than treat the surface manifestations with topical applications.

This proposition holds major implications for the United States Congress. A few years back, at a meeting with former Congressman Lester Wolff, then Chairman of the Select Committee on Narcotics Abuse and Control, I and other program directors present deplored the fact that a number of different government agencies administered programs dealing with the problems of youth. Inasmuch as human nature does not necessarily correspond to the categories of governmental systems, this fragmentation of services which constricted the capabilities of any one program frequently made it necessary for a youngster to participate in several programs concurrently in order that his needs be satisfactorily fulfilled. I proposed at that meeting, and later elaborated the idea in a letter, that Congress legislate a Human Conservation Act which would consolidate all of the services that are provided for troubled youth. Congressman Wolff agreed in principle with the concept but felt that it was not feasible because of the structure of the Congressional system. It is my hope that the ferment that is taking place in Congress at present may yield a climate where such a consolidation can be expedited. Perhaps in making block grants to the States some impetus ought to be given to the merger of the agencies so that those programs which have provided their worth may be unshackled and freed to function with far greater effectiveness. Furthermore, the expanded function of programs which provide human services will facilitate the process of treating clients according to their psychodynamic needs rather than offering them first aid assistance which often does not have enduring benefits. And finally, it may be precisely this kind of coalescence of energies that will enable Congress to maintain or even exceed its present commitment to human services despite the reduction in funds that are available for this purpose.

In part this statement makes the suggestion that concerned individuals throughout the country make a thoroughgoing investigation in to the factors that are responsible for the depredations that are being perpetrated by drug abuse, alcoholism, criminal conduct, immorality, and the like. This may be an unpopular pursuit. People may object to a critique of their values, philosophy, and moral codes. They

may well regard it as a threat. Yet the failure to do so would constitute self-inflicted blindness. It would also be an act of folly inasmuch as the alternative would be the endless quest for solutions to a problem which one fears to solve. There is no real alternative but to undertake a sincere and honest search for the true cause of society's current maladies.

In closing I wish to make one other observation. For a number of years the directors of prevention and intervention programs deplored the fact that federal funds for drug abuse were being directed exclusively toward treatment programs or arcane research and demonstration projects. It was argued that both from a humanistic and from a cost-effectivness standpoint it made much more sense to support programs that had already demonstrated their effectiveness in handling young people before they were at the stage where they had to be consigned to a treatment facility. Two years ago, in response to the representations of this group, Congress legislated that a significant portion of federal drug abuse funds must be reserved for prevention and intervention programs. I view the hearings that are now being held by the Select Committee as a laudable sequel to the landmark action taken by Congress at that time. While not seeking in any way to depreciate the need for treatment programs, I am convinced that the ultimate solution to the thorny problem of drug abuse lies in the sphere of prevention.

I trust that the worthy members of the Select Committee will give this statement their serious consideration and find it within their capacity to extract from it one or more ideas that will prove to be useful in their noble work. The task which they have undertaken is of enormous moment, and I pray that G-d will bless their labors with success.

Mr. ZEFERETTI. Thank you, Rabbi. You talk about the human conservation program. I thought that was a very intriguing concept. It might be just exactly what we are talking about, but in different terms.

If you listened to some of the testimony this morning and some from the New York Archdiocese, you can see that kind of program that could bring together all the components and could get some attention-grabbing activity.

It doesn't sound like a bad idea to call it a human conservation program.

Do you do anything—you have had so many years of experience—10 years in this particular field—have you done anything to communicate the successes and failures, if you would, to other members of your faith and communities in general so that you could gather a group of people together to work toward that end?

Rabbi FRIEDMAN. Well, in the Jewish community, the schools and community are very closely interrelated. It is inevitable when you work with a school that you work with members of the community.

So even though the program itself is focused on the school, we are in contact with members of the community, as well.

Mr. ZEFERETTI. Have you been able to share that with some of the community planning boards and school boards—we are all talking about the same thing and yet we find ourselves pretty much within ourselves in everything that we do.

Today we are hearing from you, we are hearing from the educators of the public school office, the Cardinal's office. I am trying to create a task force—I think that is one of the things I will recommend, that we create a task force that maybe can create a strategy that will make some sense or have some impact.

I think, until we share the experience of success and failure in these various programs and until we think what we can do to further them, whether bringing in the media, using television ads, commercials, and the like, until we do that, I think we are not putting our best foot forward, again recognizing it is not just a Federal responsibility, but it is pretty much today, because of some

of the mores that accept drugs almost as a way of life, I think we have to do something toward that end.

I would like you to comment.

Rabbi FRIEDMAN. I did try in my own way to broaden out and inspire some of the efforts that were made. For a while, there was a group called the Clergy on Substance Abuse, which was an attempt to gather clergymen of various faiths through some sort of coordinated effort in an attempt to attack the problem through the pulpit and some of the various opportunities available to clergymen.

Unfortunately, that organization didn't survive very long, but certainly in principle, the concept needs to be pursued, within various circles of business, and the professions, such as the AMA, the Bar Association. Internally, I feel there has to be some concern about this matter. Externally, there should be some super organization, which would demonstrate to the community at large and to the States that there is a national concern, that this is a national and social problem and each group, each individual, has to be concerned.

A few years back, New York State had a drug abuse prevention week. The slogan was: "Drug Abuse is Everybody's Problem."

Unfortunately, this was not followed up. But if we are to attack the problem in a way that has some measure of success, it requires a coalescence of efforts, where the leadership has to come from above, but it has to reach down to the grassroots as well.

It has to be demonstrated in a very obvious way, that the leaders of this country are concerned about this problem and it must be demonstrated that every person, whatever he is doing, whatever his line of work, has some share, some responsibility in this problem.

Mr. ZEFERETTI. Whenever anybody talks about the money in this whole thing, we have reached estimates of $90 billion in this drug industry. We have spent money on just about everything, but unless we do something on the demand side, and unless we do something in educating those who are caught up in it, I don't think we will go anywhere, unless we get together as a team and make that effort.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Rabbi, I think you are focusing on something that other groups have focused on in testimony past, of trying to have a more affirmative approach than just being antidrug, to see what we can do about improving life for our young people as a whole.

I guess that is what your Human Conservation Act is all about. I think it's an excellent suggestion which I hope our own committee can look at more thoroughly.

Certainly we have to experiment in every direction and just combating each new drug as it comes along and trying to find an answer with an antiprogram, doesn't seem to have had the kind of effectiveness we would like to see.

I think we have to reach out for new thoughts and new thinking.

I am wondering how extensive your own program is? Is this widespread throughout the Hebrew school system?

Rabbi FRIEDMAN. We operate in about 55 Hebrew day schools in New York City, one-third of the numbers of schools which exist in the five boroughs. We focus primarily on grades 6 through 12, junior and senior high school level.

Mr. GILMAN. What about the Hebrew schools outside the city of New York? Are they undertaking any program at all?

Rabbi FRIEDMAN. We have approached some of them; they are interested, but funding constraints make it very difficult for new programs to get through the funding pattern of the substance abuse services.

We have looked at such areas such as Nassau County, Spring Valley, the Monsey area, where we have fairly large concentrations of Hebrew day schools. We are probing and hoping we can get some operation there.

Mr. GILMAN. How are you presently funding your programs within the city of New York?

Rabbi FRIEDMAN. Through the New York State Division of Substance Abuse Services. In the past, we have tried to supplement their funding with third-party funds. For example, the counseling component has a moderate fee structure.

The parent-training programs, which has proved to be eminently successful, is almost self-supporting because we have a moderate fee almost sufficient to pay the cost of the program.

The way we look at it, if we want to reach out to more and more members of the community, we have to look more at how to make these programs, if not completely self-supporting, to have a fair share of the cost sustained by the persons participating.

We can manage without fees in a school situation, but not when we are reaching out to members of the community and offering things like treatment and training.

Mr. GILMAN. What do you find to be the most effective portion of your program, that you would recommend for general adoption?

Rabbi FRIEDMAN. I think I would be contradicting my own statement. The whole point is you need a comprehensive approach. The core of the program is the counseling, but as time progressed, we found, we must work with the families as well.

Working with the families, we found out you had to reach out to other peers. You have to work in the community as well. They have to be involved, also.

They are involved in the community, and their psychological demands stem from the community. You have to deal with the whole fabric of society.

Mr. GILMAN. You are really talking about a community counseling program, aren't you?

Rabbi FRIEDMAN. That should be available to everyone. Yes.

Mr. GILMAN. Do you think that would have an impact on this problem?

Rabbi FRIEDMAN. Yes; in dealing with the society as a whole. You can't separate any one program from the climate of the country. If you look at underlying causes, we are all aware of the fact that in the past quarter of a century, there have been vast changes in the American society.

Some of the changes are permissiveness and the urge for instant gratification. These conditions have brought about a demand for

mind-expanding substances. You cannot isolate any one problem from the status of society as a whole.

People cannot be cloistered, so you have to deal with the problem at all levels and to the full extent in order to deal with it on only a local level.

Mr. GILMAN. How long have you been dealing with these problems?

Rabbi FRIEDMAN. It started 10 years ago and I am optimistic.

Mr. GILMAN. Do you see improvement?

Rabbi FRIEDMAN. The mere fact there is talk of bringing together the elements of industry, labor, the clergy—I am very pleased to see that this idea has now become more popular.

I believe that's where success lies.

Mr. GILMAN. Have you been successful in reaching out in the Hebrew school program in getting the private sector and the family involved?

Rabbi FRIEDMAN. Private sector involvement is difficult. Our schools are not similar to any school system; each school has its own financial problems, its own fund-raising apparatus.

It is difficult for us to approach people to help in this respect. But I am hopeful, as time progresses, we will be able to reach them.

Mr. GILMAN. Thank you.

Mr. ZEFERETTI. For the record, Dr. Robert Polk, director of the Council of Churches, was scheduled to testify this morning. However, death in his family has prevented his appearance.

He expresses a strong desire for the Council of Churches to cooperate with the committee in fostering a nationwide drug abuse awareness.

Our next panel, and I apologize for keeping you so long, Father John McVernon, New York State Association of Substance Abuse Programs; Father Coleman Costello, Queens Outreach Program; and Chief Daniel Courtenay, Organized Crime and Narcotics Division, New York City Police Department.

## TESTIMONY OF FATHER COLEMAN COSTELLO, QUEENS OUTREACH PROGRAM

Mr. ZEFERETTI. Gentlemen, thank you for your patience. I am sure you know, once in a while, we get a little long-winded.

Whatever statements you have will be made a part of the record. Proceed in any fashion you feel comfortable in.

Father Costello, why don't you start?

Father COSTELLO. Mr. Chairman, distinguished members of the Select Committee. I am happy to be here today so that I may share with you what we are doing and how we are being affected by the current situation of multiple drug abuse.

For the past 14 years, I have been working with youngsters who can be described as "at risk," that is, youngsters who have been runaways, push-outs, drug abusers, drug addicts, truants and kids involved with the juvenile and criminal justice systems.

The Queens County Youth Development Corp., of which I am executive director, first received its funding as of January 1, 1980, from the New York State Division of Substance Abuse Services.

The primary goal of the program is to assist individuals who have been inaccessible to other programs. The Queens outreach project is the only program in Queens that is actively and aggressively working in the parks and hangouts where the drug culture thrives.

Since these youngsters are out in the street, there is no way for the traditional social services agencies, schools, and religious organizations to be in contact with them. Our staff is at the scene of the action, identifying prospective clients who will be responsive to alternatives to their current lifestyles.

The responses to our efforts have been overwhelming and are a solid indication of a much needed area of attention.

Many of these youngsters came to us as a result of the outreach staff's efforts by going to those places where the youngsters "hang out," the parks, street corners, and schoolyards.

We do not lecture these kids, we just merely tell them that if they are in trouble or if they are having problems, we will be glad to sit down with them and talk about alternatives, alternatives which are realistic and practical.

In the last year and a half, the Queens outreach project has worked with close to 4,000 youngsters. Most of them have come from middle- and upper middle-class families.

Most came from Italian, Irish, and German background. Most of them were unemployed and most of them were out of school.

They ranged in age from early teens to mid-twenties and a great number of them have had contact with the juvenile and/or criminal justice system.

Well over 75 percent of our kids have used PCP, commonly known as angel dust, as well as multiple other drugs like alcohol, Valium, Tuinal, speed, LSD, pot, and Quaaludes.

And within the last month or so, not a day has gone by that we have not had clients who were doing heroin. Since we are merely a referral and advocacy program, we have sought to give the proper placement to each of our clients and that is not always easy because of limited space.

Once a client comes into us and he is identified as having a drug problem and he/she needs to be detoxified, it now takes 3 to 4 weeks before we have a hospital bed which is available.

This youngster looks at us and says he is ready, he is ready to get help, "What do I do in the meantime?" There is really only two answers, (1) try to detox by yourself—which, needless to say, is extremely dangerous—or (2) continue to get high until a bed opens up for you.

The end result of these two strategies finds us with a kid who tries to kill himself or the youngster still desperate for drugs goes out and commits a crime and gets caught. If the kid is lucky, they'll put him in jail where, by the way, they have beds where he or she can be detoxified.

If the youngster happens to use angel dust, a drug which now is in possession of 40 percent of the market, we have another type of problem. Angel dust has been described as a drug which is neither an upper or a downer but is an inside-outer type of drug.

A youngster on dust is completely out of control. Very often the youngster is extremely depressed, becomes paranoid, and suffers from suicidal ideation.

I stated earlier that close to 75 percent of our client population uses angel dust. It is readily available, easy to make, and the price is right. When a parent comes to us with their kid, very often the kid doesn't want help, is extremely difficult to talk with, a kid who is "burnt out."

If the kid is high and is threatening to kill himself or is making claims that people are after him, the phone is tapped by the FBI and the CIA, that the cat is talking back to him, it is no small wonder that the parents are in a panic and wonder what to do.

If the youngster is taken to the hospital emergency ward, we find that the hospitals do not want anything to do with the youngster. At best, they may hold the youngster, under restraint, for a few hours and perhaps give the youngster some phenobarbital or Valium and then release the kid.

One case that we had like that recently where the youngster left the hospital and promptly went to a bridge near his home and jumped off onto the railroad tracks where he died of a broken neck and internal injuries.

Once we have a youngster ready to make a commitment to try a drug program, then we run into the problem of the program accepting the youngster immediately. Very often, the programs are so overcrowded it may be several weeks before the kid is accepted and sometimes a program is so understaffed that they cannot give the proper attention to the youngster.

This latter issue becomes extremely critical when a youngster has been probated to a program. If the youngster leaves, for whatever reason, without permission, the courts are notified and a violation of probation is issued.

When the youngster returns to court, if the court is not considerate of a number of facts, then the youngster is incarcerated. Part of the problem here is when you have a youngster who has been doing PCP and the program uses the Synanon techniques of confrontation, shaved heads and signs and research shows that you don't use these Synanon-type methods on a PCP kid because these are the very things which will cause him to leave and the court interprets this as unwillingness on the part of the kid to cooperate, so it jails him.

Thus problems like lack of beds for detoxification, lack of space in programs, and lack of proper techniques in some programs are a cause of real concern on our part.

We in the community-based programs are in a very real sense working on the frontlines. Often our youngsters are out of school so any prevention and education is really out of the question.

Rehabilitation is something that our kids may want, but they don't have the resources to seek them. Many times, the only thing that they want to do is get high because there really is nothing to do—they can't work because they have no skills, they steal and deal because they have no money and they can't get back into school because the school kicked them out.

Recently, when the Queens outreach project went to Washington to see if we could get direct assistance so that we could reach more

kids and get them help as soon as possible, we went to the National Institute on Drug Abuse.

We told them what we were doing and we showed them that this concept was really working. We were told that they could not give any money for outreach or intervention.

They stated that they could give us money to prove that there was a problem, but nothing to help us if there was already a problem. It seems to me that type of logic will only in the long run make people like myself really get very cynical about any Federal strategy.

Specialized, unique crises services to kids and their families have been developing at community, State, regional, and national levels since the early 1960's. The problem has been, and always will be one which crosses social and economic classes of society.

Therefore, a partnership between a variety of public and private sectors must be developed to effectively address the issue where it is most recognizable—in the streets of our communities, in our institutions (foster care and detention) on the missing person rolls of law enforcement and on the dockets of the juvenile court systems across the country.

Diminishing Federal responsibility for community service programs while increasing business, local government and general public responsibility is not a new concept. Community-based programs have sought local investment and involvement.

Many of these programs grew out of the concern of volunteer citizens, the churches, local law enforcement, juvenile courts, and community groups that recognize that service to these kids is a local responsibility.

But, New York, with 50 percent of the drug problem and 17 percent of the funds, make it a bleak picture when it comes to the issue of block grants.

Federal support in the past had the effect of limiting the search for local dollars. Often these dollars have been difficult to obtain because local governments, business, and the general public assumed that the Federal Government would handle the problem.

The plans of the Reagan administration, with support from the Senate and House, now promise to radically change the role and responsibility of the Federal Government in provisions of moneys for community service programs.

In many ways, these changes are a reflection of an attitude change by the general public that states that the Federal Government cannot handle the problem, and that social problems are the responsibility of the States.

However, before State government, local government and business and industry can respond to the needs of service agencies such as Queens outreach project, it is necessary to give the current youth situation a high-priority status at the local, State, and national levels.

A viable citizen constituency for the issues is needed in order to develop a consistent funding base for services to this vulnerable population.

Policymakers at all levels must consider the severe ramifications of the youth problem and engage in public dialog. It is obvious that this issue is a pressing problem for America since it is difficult to

find an individual who has not in some way been involved with a kid on drugs or a troubled family.

Though there may be an attitude change by the American public relative to the role of the Federal Government in human services, the public is not asking the Federal Government to abandon efforts which are of national significance.

Nor is the American public asking the Federal Government to facilitate the bankruptcy of human services due to inadequate speculation on the amount of time for a transitional period that shifts financial responsibilities from Federal to local and private sources.

Even though this change in attitude has been assumed, other impediments to securing alternative sources of revenue and developing a local and private support base for service efforts are present.

The major impediment appears to be a mechanism to link community service programs with corporate giving, general public giving and local government.

There are some traditional mechanisms linking nongovernmental resources with community service programs. The two best known are the United Way and foundations, including community, private, and corporate foundations.

Neither of these traditional mechanisms are capable of handling the explosive increase in dollars that community service programs will need. In general, both of these types of mechanisms, especially the United Way, are geared to the more traditional community service programs.

To fund only the traditional, well-established service programs would be a grave disservice to vulnerable people who depend on the less traditional programs.

Some nontraditional mechanisms have been developed in the last few years. Groups and coalitions are coming together to work on the coordination of grants to the coalitions by working through foundations and youth service bureaus.

Even with a linkage mechanism, there are still impediments to making a successful shift from Federal to private moneys. Some of these impediments are:

One, lack of better incentives for business and the general public to give. Current tax laws are inadequate in providing incentives to give.

Two, lack of coordinated, consistent, national plan developed by Government and the private sector to encourage the shift of funding in an orderly fashion.

Three, lack of information on opportunities for alternative funding. The speed at which the Federal role is changing far surpasses the information on how to make effective linkages.

Four, the present block grant program is an impediment. The program shifts responsibilities to the States from the Federal Government but does nothing to truly encourage corporate and private funding and allows virtually no transitional time.

In fact, many community service programs are spending valuable time that should be devoted to finding private funding in securing their share of the State block funding.

All of the impediments mentioned can be removed. The role of the Federal Government must be to provide leadership in the development of effective linkages between community service programs and corporate/foundation/public giving.

Additionally, the role of the Federal Government is to clearly translate responsibilities to be assumed by local and State governments and the private sector.

Private industry and business are currently being barraged by interest groups, like myself, fearful of being left without a financial support base.

Many service groups may be left without such a base. A backlash will occur in time as clients revert to crime, delinquency, and other negative activities associated with people having a low self-esteem and finding nowhere to turn for aid.

The Congress and the administration can avoid these negative situations by careful implementation of reasonable steps to shift responsibility for human service programing.

Elected Federal officials can demonstrate that they are concerned with continuing drug/alcohol/crises intervention services. This should diffuse some negative public opinion on the part of those who say that the Federal Government is only interested in abolishing programs. Corporate and foundation leadership would gain a systematic way of supporting programs rather than the confusion and frustration of the barrage of requests that they are now receiving.

It would enhance their public image to be able to fund programs rather than having to turn away requests. Finally community service programs would gain the mechanism to acquire the resources and involvement of a viable citizen constituency.

Hopefully, this effort will become a first step toward development of a much needed Federal policy on drug abuse and related youth problems such as runaways, teenage pregnancy, and employment.

Translating this policy into action should include developing legislation which provides better incentives for giving by the business community and the general public and providing a national plan to encourage shifting of funding responsibilities to the private sector in an orderly, informed, and consistent fashion.

The development of a consortium comprised of Federal, State, and local government leaders and local, State, and regional youth leaders is an immediate need. The facilitation of this process should be assumed by the Select Committee of both the House and Senate and the President.

Gentlemen, I thank you for being allowed to appear before you today. These are our children of every color, every creed, and of every ethnic background.

They are caught up in a terrible dilemma and it is up to us to show them the way to new life as responsible citizens.

Thank you.

Mr. ZEFERETTI. Father McVernon.

## TESTIMONY OF FATHER JOHN McVERNON, NEW YORK STATE ASSOCIATION OF SUBSTANCE ABUSE PROGRAMS

Father McVERNON. My name is John McVernon, director of community projects for the National Association on Drug Abuse Problems.

While I am here as chairperson of the New York State association of substance abuse programs, I would like to mention that our organization, NADAP is funded by the business and labor community here in the city of New York, funding to the tune of in the $200,000 in cash gifts and almost as much money through in-kind donations. We study drug abuse, as it affects the world of work.

We work, too, with 200 of the 5,000 employee substance programs in the Nation such as those which Mr. Learson described in his testimony.

Relative to our New York State association of substance abuse programs, we bring together all the regions of the State and represent at least in some way, the more than 7,000 people who work in the field of substance abuse throughout our State.

Our association has made a major commitment that relative to the crisis of drug dependence in this State, our programs do not want to see prevention suffer as the fiscal crunch comes down.

We want to diffuse the possibility of there being a scrambling between treatment, rehabilitation, and prevention, because every part of the substance abuse system is important and prevention is a tremendously important part in itself.

I come from a background of prevention, that's how I got into the thing when I was a parish priest in the early 1960's in Queens and the kids in the neighborhood there started fooling around with drugs and just by force of circumstance, I had to become involved.

We have been talking throughout the course of the morning of how many ways many problems are rooted in the same causes and one saw that very vividly as drug abuse came into that part of Queens in the early 1960's.

It ended the gangs because the kids who had been involved with the gangs moved over to acting out in the drug disorder.

The Council of Europe, meeting in May of this year, looked at this very kind of thing and they said, when we are trying to respond to the drug problem we have to accept the fact that what we are really talking about is that fragile characteristic of marginal young people, that really is not drug specific.

If by some wonder, some great charismatic leader would come across the country tonight and overnight eliminate all the drugs of abuse, we would wake up tomorrow with hundreds of thousands of people who would find other ways to mess themselves up. Which introduces a caution into prevention efforts.

There are a whole variety of preventive approaches, but two seem to be highly counterproductive. One is where we just present the facts alone. The facts are bare-bones, abstract. Very often, when we approach prevention by way of facts, what we are doing is masking a kid from growing. We will address the kids about their problems with drugs and never look at our own very serious problems with alcohol because alcohol is something that adults do and fooling around with these nasty drugs is something kids do.

The other is the business of scare tactics. I am glad the folks from ABC vacated. But did you see that thing Saturday night depicting dramatic scenes of people injecting heroin, smashed, acting out, deviants incarnate?

There are a number of young people just looking for some way to dramatically act out their rebellion against society, maybe by shoplifting at the Woolworth or throwing eggs at the radio car.

Then, lo and behold, we show them a glamorous scene, a dramatization of evil. We present to them an image that is very, very attractive, not to you and me, but to people who are living life in a very different frame of mind.

The best preventive activities are not those activities that are antidrug. They are the activities that are pro, the good things that make for a good life. In the State of New York, we have the world's largest laboratory for experiments in the prevention of destructive use of alcohol and drugs.

You have every variety, every concept being experimented with. All of them are successful, because a big part of this success is the charisma of the people doing the job.

Father Costello, if his program was rinky-dink, and it isn't, it's good, just the care this demonstrates and his willingness to be out here.

The kid says, "Hey, I must be important, this jerk is out on the street at 2 o'clock in the morning looking for me. If he thinks I am important, maybe I should start thinking I'm important."

We talk about a model for prevention programs. Let's not make it an oppressive model that quashes this whole variety of activities.

In each community, the prevention effort has to be in response to the particular problems there, to what the community will accept—because sometimes need is not acknowledged by the community at large, but you have to work with the people and through working with them, educate them more—and the realities of funding, what is actually available to be employed in this kind of effort.

We talked in the hearing earlier today, about the business of cycles. How come we went through a period of 10 years where we didn't see dramatic and heart-rending spread of heroinism. It's because it works in cycles. We had an epidemic of heroin in the city in the teens.

Right across the street, 125 Worth Street, we had a heroin clinic dispensing the drug every day in 1920, to 4,000 patients.

In 1910, we had a heroin epidemic among the high school students of the city of Boston. These things go in cycles. The drug changes, the populations involved change, the way society reacts to the drug problem changes.

But the thing is a constant continuing serious difficulty.

So, my second plea would be, don't jerk drug abuse prevention around.

Now, it is look-alike drugs, a few months ago, heroin, then PCP, then before that, marihuana, then whatever was before that.

If this is a serious, professional, reality-based approach, then it can't change its activities effort whenever a new problem comes down the pike. It has to be consistent to be coherent as Father's has been; as Sid Glassman's has been; as Arthur Jaffe's has been.

We have a wonderful treasury here waiting to be studied in these quality prevention programs.

We are never going to eliminate this phenomena of compulsive destructive drug use in this city or in this country, but we have to allow and encourage a whole variety of activities to attempt to eliminate the damage this problem brings to our Nation as a whole, the social environment, the business environment, the families and individual human beings.

Thank you very much for your kind attention.

[The prepared statement of Father John McVernon follows:]

PREPARED STATEMENT OF FATHER JOHN MCVERNON, CHAIRPERSON, NEW YORK STATE ASSOCIATION OF SUBSTANCE ABUSE PROGRAMS

Prevention is the toughest part of drug work and the most important part. Well done prevention and early intervention spare the individual and society incalculable damage.

My background is prevention even though I am engaged now in studying drug use and its cost to the world of work. As Chairperson of the New York State Association of Substance Abuse Programs, which brings together all the regions, all the modalities and all the Coalitions in the field, I can speak for most of the 7,500 persons engaged in the struggle in New York State in saying we are convinced that the information, the attitudes and the activities that stand between young persons and destructive involvement with drugs are of primary importance.

We have to concede that the most effective techniques for the prevention of compulsive drug use have nothing to do with drugs . . . and they have nothing to do with programs. A stable home, a supportive community, a stimulating educational experience, adequate medical care, the chance for a decent future and a circle of friends who care are what help most of us avoid drug dependence.

Programs try to supply in a structured fashion what is lacking in our natural setting. We look at what goes into drug free living, we use our intelligence to discern the elements of a constructive and happy life, and then we fashion a strategy to provide these conditions for the individuals whose natural environment fails to provide them

Programs are always artificial.

Programs are always second best.

There is a danger in the establishment of programmatic responses to social problems in that they become so focused on the threat of some specific dysfunction that they start the individual on the road to thinking of themselves as delinquents, or violent or drug-prone.

Programs can determine deviance. The youngsters we call high-risk, as the Ministers of the Council of Europe heard from their Committee of Experts on Prevention of Drug Dependence in May of this year, are really victims of a general loss of stability which is not drug-specific. That fragile characteristic of these marginated young people can lead just as well to other difficulties such as suicide, violence, delinquency and other modes of deviance.

That is why our best efforts are not those which are anti-something but those which are pro-something. Not so much anti-drug. Much more pro-the good things that make for a good life. If you listen to the anti-drug propaganda of people like Harold Voth, what is really proposed is an anti-kid pogrom.

What is called prevention is here an oppressive form of social control.

If a greater part of our young people are using drugs, more often and at an earlier age they are also maturing socially, intellectually and sexually earlier then we did. What's different for them is not just the drug thing but the whole experience for growing up.

May the weight of this testimony today fall on the side of discouraging the federal government from spelling out just which prevention and intervention strategies are legitimate. This part of social service has to be an area in which we let a hundred flowers grow—each with its own beauty.

On the West Coast there is a Hassidic Program (Chabad) that derives the strength to live drug free from the traditions of the Jewish people; on the East Coast a program that achieves the same goals with gospel singing (Harlem Boy's Choir).

Any intervention that provides good information, encourages positive attitudes and stimulates the young in constructive activities is going to prove effective and deserves our encouragement.

Let's not expect prevention to change direction every year or two as new fads develop. The drug field is expected to work like a show business routine . . . every so often we are asked to change our act. Now the problem is look-alike drugs, before that coke, before that smoke, before that dope, before that PCP, before that glue huffing. The long term substantive work of prevention and intervention programs, professionally and seriously conducted, cannot be used as a sociological SWAT team.

Destructive drug use has been a widespread and damaging phenomenon in America at least since the beginning of this century. There was an epidemic, if we have to use that word, of heroin use in the high schools of Boston in 1910. Limiting the numbers involved and the damage wrought is not an endeavor that can be restructured every time a new drug fad washes across the land.

We must have a consistent commitment on the part of government to highlight and maintain the whole range of quality prevention activities.

Mr. ZEFERETTI. Thank you.

Chief Courtenay.

## TESTIMONY OF CHIEF DANIEL J. COURTENAY, ORGANIZED CRIME AND NARCOTICS DIVISION, NEW YORK CITY POLICE DEPARTMENT

Chief COURTENAY. Today in America, drug abuse is recognized as a critical national problem. Large quantities of drugs are moving through illicit channels, despite the best efforts of law enforcement agencies. Drug abuse negatively impacts on the quality of life of all Americans.

The responsibility for combatting this national menace cannot, and should not, be left to the law enforcement community alone. Police agencies have been engaged in a war on drugs for decades, with negligible results. At best, they provided a minimum of deterrent value.

Each year, we see the devastating effects of drug abuse on our society, particularly among our youth. Meanwhile, the suicide rate has increased while the crime rate soars.

The productivity rate of our industrial community has diminished and a significant number of the youth of the Nation "drop out" or, worse, "burn out" from drug abuse.

Two primary reasons why drug trafficking thrives are the large profits involved and the demand created by a drug-oriented society.

Insufficient effort has been directed to the potential drug market while all the emphasis has been directed to law enforcement.

To successfully defeat this crisis, we must go deeper into the core of the problem to discover the real causes of drug abuse, and the best methods to reduce the demand.

How can we effectively educate our society as to the hazards of drug abuse? I believe that the answer lies in drug abuse prevention and early intervention programs, focused at the "grass roots" level in every State in the Union with leadership provided by the Federal Government.

If we are committed to making America a society free of drug abuse, we must start with the education of our children at the earliest age level. We all agree that the youth of our Nation is the future of America.

It then necessarily follows that there must be a national commitment to provide the youth of America with firsthand knowledge of the effects of drug abuse and the dangers that it presents to them.

Parents must be assisted in their role of guardians by education of the symptoms and results of drug abuse by the young. This is not an easy task.

Our commitment must be total, at the lowest level of county and municipal levels, with appropriate direction and assistance from existing governmental agencies.

To provide the greatest impact, drug abuse prevention programs should be designed and incorporated into the primary school education system.

Once a child reaches the high school level, he or she, in most cases, has already been exposed to drugs. Drug education should be disseminated through the class teacher who also provides a role model for the student.

Educators can obtain the proper expertise from seminars conducted by law enforcement and health officials.

As the youths progress through the educational system, drug abuse prevention should be incorporated into the health courses given to all schools.

This will serve as a constant reinforcement of ideas and awareness of the dangers present in our society.

Early intervention programs should be set up throughout the educational system to aid a student at a time when he or she can be rehabilitated before they are lost and written off.

Specially trained and dedicated educators would be required to maintain these programs.

### POLICE YOUTH DIALOG PROGRAMS

Specially selected police officers conduct closed dialog meetings with groups of youths, ages 12 to 18 years, selected from ghetto neighborhoods for a frank exchange of views and opinions.

### YOUTH OUTREACH UNIT

A subunit of the youth services section conducts "early intervention" workshops counseling youths against alcohol and drug abuse.

### PRECINCT YOUTH OFFICER

Each patrol precinct in the city has a specially trained police officer who conducts educational, social, and other programs at the neighborhood level that provides guidance to individual youths who may come to our attention through an arrest situation or who may require referral to another city agency for health or economic assistance.

The narcotics division provides expert lecturers upon request to local schools, parent groups, school facilities, and the business community.

Information is given on the modus operandi of street drug pushers, types of drugs favored by young people and a list of referral agencies to provide treatment and rehabilitation.

For the adult population, the task of drug abuse education present different problems. Because most adults have left the educational system, the drug abuse prevention and early intervention programs could best be administered through employers and local community assistance groups.

The business community should accept this challenge readily because employees free of drug abuse problems would tend to be more productive and accident free.

Most businesses today have a personnel officer or some form of communication or training channel that can be adapted to include drug abuse prevention programs.

Industrial leaders could be assisted by experts from law enforcement, rehabilitation programs and others in the field. The early intervention phase of the program could be a responsibility of the medical department of these firms.

In the business community, drug abuse prevention and early intervention programs could be conducted on a confidential basis, with cooperation from union representatives. The approach should be considered social and medical rather than punitive.

People should be encouraged to participate voluntarily with no risk of exposure and detection.

What should the role of the Federal Government be in these drug abuse prevention and early intervention programs? In my view, the Federal Government should assume a national leadership role, acting through existing agencies as Health, Education, and Welfare, Surgeon General's Office and others, to provide information on drug abuse trends and current medical research.

The Federal Government should establish a network to compile, assemble, and distribute factual educational drug abuse literature to: Law enforcement agencies; medical and mental health facilities; schools; private corporations; and the public.

Additionally, the Federal Government should sponsor drug awareness programs to private industry and institutions of learning. This may be accomplished by providing space in Government buildings for seminars or making available educational equipment for use by the private sector.

Finally, the Federal Government could provide corporate tax incentives to businesses for drug education and early intervention programs, as well as for the hiring of reformed drug abusers.

The time has come for private industry to join hands with law enforcement and provide funding and incentives to address the problem from a national level.

Thank you.

[The prepared statement of Chief Courtenay follows:]

PREPARED STATEMENT OF DANIEL J. COURTENAY, CHIEF, ORGANIZED CRIME CONTROL, NEW YORK CITY POLICE DEPARTMENT

Today in America, drug abuse is recognized as a critical national problem. Large quantities of drugs are moving through illicit channels despite the best efforts of law enforcement agencies. Drug abuse negatively impacts on the quality of life of all Americans.

The responsibility for combatting this national menace cannot, and should not, be left to the law enforcement community alone. Police agencies have been engaged in a war on drugs for decades, with negligible results. At best, they provided a minimum of deterrent value.

Each year, we see the devastating effects of drug abuse on our society, particularly among our youth. Meanwhile, the suicide rate has increased while the crime rate soars. The productivity rate of our industrial community has diminished and a significant number of the youth of the nation "drop out" or worse, "burn out" from drug abuse.

It has been said that we live in a drug oriented society, Americans have been conditioned to expect rapid relief from discomfort, unease and other forms of real or imagined psychophysical distress. Increasing numbers of society seek out chemical

solutions for whatever shyness, boredom or tensions of everyday life they may encounter. They turn to drugs to provide them with positive mood states. They are encouraged to do this through TV advertising and the mass media who "plug" a variety of drugs guaranteed to make us "feel good".

Two primary reasons why drug trafficking thrives, are the large profits involved and the demand created by a drug oriented society. Insufficient effort has been directed to the potential drug market while all the emphasis has been directed to law enforcement. To successfully defeat this crisis, we must go deeper into the core of the problem to discover the real causes of drug abuse, and the best methods to reduce the demand.

How can we effectively educate our society as to the hazards of drug abuse? I believe that the answer lies in drug abuse prevention and early intervention programs, focused at the "grass roots" level in every state in the Union with leadership provided from the Federal Government.

If we are committed to making America a society free of drug abuse, we must start with the education of our children at the earliest age level. We all agree that the youth of our nation is the future of America, it then necessarily follows that there must be a national commitment to provide the youth of America with first-hand knowledge of the effects of drug abuse and the dangers that it presents to them. Parents must be assisted in their role of guardians by education of the symptoms and results of drug abuse by the young. This is not an easy task. Our commitment must be total, at the lowest level of country and municipal levels, with appropriate direction and assistance from existing governmental agencies.

To provide the greatet impact, drug abuse prevention programs should be designed and incorporated into the primary school education system. Once a child reaches the high-school level, he or she, in most cases, has already been exposed to drugs. Drug education should be disseminated through the class teacher who also provides a role model for the student. Educators can obtain the proper expertise from seminars conducted by law enforcement and health officials. As the youths progress through the educational system, drug abuse prevention should be incorporated into the health courses given to all schools. This will serve a constant reinforcement of ideas and awareness of the dangers present in our society.

Early intervention programs should be set up throughout the educational system to aid a student at a time when he or she can be rehabilitated before they are lost and written off. Specially trained and dedicated educators would be required to maintain these programs.

The New York City Police Department has been involved in youth oriented programs for years. We recognized the value of maintaining a dialog with youth outside the context of street law enforcement.

The Police Athletic League has been in existence for 40 years. It has provided athletic programs for disadvantaged youths that have been outstandingly successful.

In addition, the department maintains the following programs oriented towards the youth of our City:

#### POLICE YOUTH DIALOG PROGRAMS

Specially selected police officers conduct closed dialog meetings with groups of youths, ages 12 to 18 years, selected from ghetto neighborhoods for a frank exchange of views and opinions.

#### YOUTH OUTREACH UNIT

A sub-unit of the Youth Services Section, conducts "early intervention" workshops counseling youths against alcohol and drug abuse.

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Each patrol precinct in the City has a specially trained police officer who conducts educational, social and other programs at the neighborhood level that provides guidance to individual youths who may come to our attention through an arrest situation or who may require referral to another City agency for health or economic assistance.

The Narcotics Division provides expert lecturers upon request to local schools, parent groups, school faculties and the business community. Information is given on the modus operandi of street drug pushers, types of drugs favored by young people and a list of referral agencies to provide treatment and rehabilitation.

For the adult population, the task of drug abuse education present different problems. Because most adults have left the educational system, the drug abuse prevention and early intervention programs could best be administered through employers and local community assistance groups. The business community should

accept this challenge readily because employees free of drug abuse problems would tend to be more productive and accident free.

Most businesses today have a Personnel Officer or some form of communication or training channel that can be adapted to include drug abuse prevention programs. Industrial leaders could be assisted by experts from law enforcement, rehabilitation programs and others in the field. The early intervention phase of the program could be a responsibility of the medical department of these firms.

In the business community drug abuse prevention and early intervention programs could be conducted on a confidential basis, with cooperation from union representatives. The approach should be considered social and medical rather than punitive. People should be encouraged to participate voluntarily with no risk of exposure and detection.

What should the role of the Federal Government be in these drug abuse prevention and early intervention programs? In my view, the Federal Government should assume a national leadership role, acting through existing agencies as Health, Education and Welfare, Surgeon General's office and others, to provide information on drug abuse trends and current medical research.

The Federal Government should establish a network to compile, assemble and distribute factual educational drug abuse literature to: Law Enforcement Agencies; Medical and Mental Health Facilities; Schools; Private Corporations; and the Public.

Additionally, the Federal Government should sponsor drug awareness programs to private industry and institutions of learning. This may be accomplished by providing space in Government buildings for seminars or making available educational equipment for use by the private sector. Finally, the Federal Government could provide corporate tax incentives to businesses for drug education and early intervention programs, as well as for the hiring of reformed drug abusers.

The time has come for private industry to join hands with law enforcement and provide funding and incentives to address the problem from a national level.

Thank you.

Mr. ZEFERETTI. Thank you, Chief.

Father Costello, you say the committees of the House and Senate and the President, should work together. As I said earlier, there is no Senate subcommittee; there is no one out there with this responsibility.

We would like to get together with the Senate and form a kind of unit that would work effectively toward that end.

Let me say, too, what we are trying to accomplish right now, with the administration, and we have met with the Justice Department and the like, is to get the executive department to work with us in developing a comprehensive strategy—we are so tired of using that word, because we really have not formulated anything as of now, to have that kind of impact, but until the time does come that we do sit down, taking in all the evidence and testimony, only then will we be able to formulate the priorities necessary.

One of the things you talk about, too, is the county involvement, one of the things I find in my own community, I found the county fighting me and saying, you put that dastardly thing there and we will get rid of you.

So, we are contradicting the efforts to realize the needs.

In the law enforcement part, as someone who spent 20 years in law enforcement, primarily, correction, let me tell you the areas we went through were kind of tough in the day when you couldn't get priority to spend 30 cents on any drug program or even a mental health program and at the same time give to us as a custodial responsibility.

You are all saying something yet we almost have a little contradiction in a sense here. You are talking about not labeling these who are part of a problem. You are talking about not exposing them in such a way that it could become attractive.

Yet, we need a tool that has to be a deterrent toward those who would lead that kind of life. I am a little bit confused, as to how we succeed in getting the deterrent and showing the ills of what Father Costello is talking about in his testimony, which shows some young boy possibly killing himself and have the impact to say, hey, young man or young lady, this is the end result if you go down that road.

Father MCVERNON. If we expose the bare facts to young people or dramatize for them the horrific effects of drugs and if we don't work with them to help them digest over a relatively long period of time, the data they may have been exposed to, it may have different effects in their mind than was our original intention.

Good information, a positive attitude, and constructive activities, those things have to go together.

Mr. ZEFERETTI. One of the things I used to object to was that we would have these public information movies showing the person caught up in drugs got cured and everybody lived happily ever after. In the real world, that doesn't happen.

I went out with the committee—we went out to California, not for the purpose of soliciting stars, as some of the news media had reported, one of the things I wanted to do and one of the things the committee felt it should, too, was to go out there and use the expertise of those in production, those with the writing techniques, those who had the facilities to create the kinds of commercials, if you would, or ad, that would have an impact on this overall problem, not so much to get caught up in a movie of what goes on.

I couldn't agree with you more. We have come down the line where we have an acceptance of a phenomena that's sweeping throughout the country. There is a following of these people that if you don't mix in and go to a concert and puff or snort on something, you don't belong.

So, there has to be a means of reaching out and getting those same ingredients to be helpful to us.

Father MCVERNON. Don't feel the Hollywood experience to be a total loss. The current "Get High on Yourself" campaign is in the very theme of the kind of thing which we would be in favor of. Push toward positive involvement.

You don't help people to be sane by talking about means of acting crazy.

Mr. ZEFERETTI. We were instrumental in sitting down and working some of those things out with Ms. Kathy Crosby and the rest of them. Again, we draw a very delicate line with what we want to use as the impact vehicle and it gets to be a problem for us.

We have to go and start talking about the ills of what drug addiction does to people and to a society. And at the same time, we have to try to reach out into that society to make these same people aware for the future, this is a bad way for them to proceed.

You know, we fought like crazy to get the kinds of budgetary contributions, not only for the programs, because we felt, as was testified to earlier, that it is a tripod-type effort that has to be made.

You can't on one hand curtail law enforcement, say, we are going to deplete DEA and Customs and then talk about drug traffic

going into the United States. You have to treat it as one entity and you have to give priority to the whole thing.

I just came back from Peru. We went over there with a program for eradication that was going to make sense. They were the second largest producers of the coca leaf. We thought, what better way than to go over there and try to eradicate the thing that is creating havoc.

One of the strange things, too, we have the production in our country. The greatest production of marihuana you have is in California, and we have not done anything with that yet.

I went over with $40 million to produce an eradication program that involves the international market.

We are trying to hone in on what the needs are. We agree with you.

We think a coalition of people getting together along with the Government to have that kind of impact is essential, especially now when we are dealing with dollars that are dwindling.

We have testimony which shows New York State spent five times more than what the Federal Government contributed. If that is not State involvement, I don't know what is.

I won't be able to draw any more money from the administration and so I need your leadership in that role.

I think, maybe together, we can formulate—not that we will cure anything, but I sure would like to have an impact on this problem.

Every place I have gone, it is real, it is there, it is getting bigger.

When you look at our armed services and you get on an aircraft carrier and you see 60 percent of those kids are using drugs, I worry.

We are looking for the tools so we can go in and make an argument.

We welcome your expertise. We are just today trying to draw and pick your brains and determine in which direction we can make that impact.

Mr. Gilman.

Mr. GILMAN. Gentlemen, we thank you for giving us the benefit of your thinking.

Father McVernon, you presented a very interesting analysis of the problem. Maybe you are right, that it is going to be around much longer and all we can do is limit it.

However, most of us hope we can reduce it as much as we can.

I like your generalization of needing some good information, the positive attitudes that are needed and the constructive activities that will help in this vein.

I also like the thought that you have that maybe there isn't any pattern out there, that we have just all the flowers keep growing and hope that some will do better than others.

In all your experience, have you seen any progress? Have we made some substantial improvement in our methods or are we just barely holding our own and spinning wheels?

Are we moving forward?

Father MCVERNON. Tim Leary claimed last week that drug education is right now where sex education was 50 years ago. I hate to agree with Tim Leary about anything, but he may not be wrong.

One of the things those who are working in prevention and intervention have learned and are trying to communicate to the larger society, is that not everybody who uses drugs is a problem person.

There are thousands of our contemporaries, using drugs. I worry about friends many are in the situation, but many are integrating the substances into a happy and constructive lifestyle.

There is a qualitative relationship between the user and abuser. Every one of these substances has a potential for harm and for good.

In Peru, as you mentioned, coca leaf, when we send sisters over there and they go trekking up into the mountains, we have a way of acclimatizing them; they chew the coca leaf for the first couple of weeks, then they get used to it and can function.

Mr. GILMAN. There is a difference between chewing the leaf and smoking it.

Father MCVERNON. We agree. Two things are signs of maturity in prevention today. First, we have a more balanced, less panic attitude toward drug use among young people. Second, prevention is a lot more integrated into the overall family of substance abuse services.

Our New York State association is not the only arena in which that kind of intercourse is taking place. Good relationships between intervention programs, like Rabbi Friedman and Frank McCorry, where if they come across a young woman or man who is getting deeper in drugs, they can consult with the folks at Phoenix House and get some feel for what kind of service can you provide this student? That did not exist before.

Preventers have a lot to learn from those who have been working in treatment for years and years as do we all, as to what goes into making a person start using drugs destructively and what goes into rescuing him from that.

We have a lot to learn from people operating in prevention. They get to operating on a different astral plane and get a mite out of contact with people functioning in that therapeutic milieu.

Mr. GILMAN. We have spent, I guess, millions of dollars over the years in different kinds of brochures and our racks are filled, I guess, with a dozen different types of material that the Federal and State governments put out.

Are we doing the right thing in literature? You say good information. Is this the kind of information that is neeeded?

What are your thoughts about the kind of information on——

Father MCVERNON. The NIDA book on marihuana is very good, the NIDA piece on reaching out to parents is valuable. I guess at least we have reached this stage, we are fulfilling the physician's maxim, do no harm.

Maybe as we mature and do more, we will start even doing good.

Mr. GILMAN. Have you general suggestions as to where the Federal Government could help in providing the kind of good information you are talking about?

Father MCVERNON. Keep the lines of communication open with the people actually doing the job. Andy and I and others from the field, we are at the administrative level. There are things we know about this field that others don't know.

There are things that line workers in treatment and rehabilitation know, that we, the experts, the administrators, don't know.

When you go out on a field trip, don't just talk to the folks in suits and ties. Talk to the methadone counselor, with the counselor in the therapeutic community, with the young man, or woman, who is working in a classroom or the community center. You know, we worry about our children being involved with drugs so early, but heck, aren't they intellectually and sexually active and emotionally more mature than we were at a similar stage in our chronological maturation?

Everything is happening for them a lot faster. You can learn that sort of thing if you speak face-to-face with their counselors.

Mr. GILMAN. I recognize we can learn a lot more about where they are at the moment, what do we do in encouraging them not to be where they are?

Father MCVERNON. Here, get very philosophical. For most of us, we are not acting out in self-destructive behavior, not because of any artificial program that had to be rushed into service. For most of us, we don't have a drug problem because of strong family life, a positive community environment, some decent educational experience, an opportunity for economic upward mobility, and a circle of friends who cared about us enough, that they would tell us off when we are wrong.

Mr. GILMAN. What's Utopia and at best—we have heard a lot about the limitation of Federal funds, cutbacks, yet I can't help but think, a few moments ago, when we were in Castel Gandolfo and we saw the model being developed there, there is no Federal help there, there is help from the private sector and the church, it is a program fashioned after a program right here in the States.

Father MCVERNON. Mario Picchi's Center in Rome.

Mr. GILMAN. Yes; don't we have the wherewithal to move ahead and do the experimentation being done in the program over there? Is the wherewithal available within our own communities?

Father MCVERNON. For prevention, that is the case. Most young people are prevented from careers of intensive drug use by a well-taught curriculum in their schools or a cultural program at their temple or a sports program at the settlement house.

Treatment, in our setting, at least at this stage in the game, needs public or corporate or foundation funding, because for many of these treatment programs, what they have to do is create an environment that is positive in its influence on the problem person to replace a larger environment that has been proven very negative on this person's life experience.

Mr. GILMAN. Father Costello, you pointed out the dire need for bedspace for those who indicate they want to be detoxed. In a program we recently visited, a methadone clinic, downtown—I have forgotten the hospital—Beth Israel—with one of the better hospitals in the city. They have a backlog of people wanting to go on methadone.

At least a thousand are waiting at least a year to get into the program.

Is that program being brought home to the city administration of the need for a detox center?

Father COSTELLO. The city administration, what they had a number of years ago——

Mr. GILMAN. Let me interrupt you.

Is there any central detox center in the city?

Father COSTELLO. If I want to get a kid detoxed, the normal procedure is call up a hospital and see if there is a bed available. They may tell us, you have to wait 3 weeks. We may go to Beth Israel, and they will say, have the person there at 7 o'clock in the morning, but there are 30 people ahead of him. So, the person has to come back again the next day.

You are talking about someone under the influence of drugs, no self-discipline, doesn't even know what day it is.

I have even had drug programs call me up and ask them if somebody we referred to them, if that person had to be detoxified—sometimes a place like Phoenix House has a pretty good setup and we are able to get a kid in the hospital the next day.

What they are using now is acupunture at Lincoln Hospital. We will have to try to go that route.

The fact is, there are no hospital beds.

If a kid gets arrested and he ends up going to Riker's Island, there are beds.

Mr. GILMAN. This is a daily need?

Father COSTELLO. Yes. Not only that, we are talking about a drug like angel dust. It is a question of restraint, because the hospitals seem afraid to take the kid.

A kid under the influence of angel dust, it is a strange drug. I have had kids taking overdoses, jumping from buildings. If I could get these kids out of circulation for a week or 2 weeks, until the kid comes out from under the influence of angel dust.

The problem is, they are not crazy enough to be taken to a mental hospital and——

Mr. GILMAN. Have you brought this matter to the attention of the mayor?

Father COSTELLO. No. I brought it to the attention of the Queens Borough president, Donald Manes, who is very much involved.

Mr. GILMAN. Thank you.

Thank you, Mr. Chairman. Our time is short. It is an excellent panel, but I bow to the pressures of time.

Mr. ZEFERETTI. We will recess for about an hour. We will be back here at 2:45.

[Recess.]

AFTERNOON SESSION

Mr. ZEFERETTI. We will call the hearing to order.

Mr. Arthur Jaffe and Mr. Marvin Klibonoff.

Mr. Jaffe, we have your statements, which will be included in their entirety in the record. Feel comfortable to follow any way you wish. Proceed.

## TESTIMONY OF ARTHUR JAFFE, DIRECTOR, SPARK, NEW YORK CITY HIGH SCHOOLS

Mr. JAFFE. The committee has been historically, and still is, one of the few friends that drug prevention and treatment programs in New York State have had in Washington. I look forward to testify-

ing and attempting to help you in any way that I may, in terms of sharing my conventions with respect to the overall problem.

I would like to start my testimony by reading a quote to you. These remarks came from President Reagan at his press conference on Friday, March 6, 1981.

> It is my belief—firm belief—that the answer to the drug problem comes through winning over the users to the point that we take the customers away from the drugs, not take the drugs necessarily. Try that; of course, you don't let up on that. But it's far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers.

These remarks came from President Reagan at his press conference of Friday, March 6, 1981, in response to a question of national priorities vis-a-vis White House policy on drug abuse. This statement, in my judgment, represents a somewhat belated Federal awareness of the role of prevention/intervention in terms of stopping substance abuse. New York State has, under the leadership of the State agency, been light-years ahead of the rest of the country. We, in New York, understand and subscribe to the concept of a united interdependent network of substance abuse agencies ranging from school-based prevention to drug free or methadone. Any war on substance abuse—and an all-out war is essential in order to diminish the epidemic-like proportions of teenage abuse—must recognize this network concept, and encourage it, through Government policy.

I would hope your committee would take a leadership role in putting together some kind of network on a national program which doesn't exist today.

The SPARK program, which I direct, functions in over 100 high schools throughout the city of New York; and is the largest school-based prevention/intervention program in the United States. We recognized, 10 years ago, that the traditional pharmacological, sermonizing, moralizing and scarifying approaches were not overly productive. I must echo what my good friend John McVernon said this morning, my despair and some dismay at seeing a documentary shown by ABC Television, a project that was calculated to frighten people and not shed any real light on the basic dynamics of substance abuse among teenagers.

I believe that prevention/intervention programs are in the behavioral change business and that behavior is not changed by simply providing people with information. Millions of people smoke cigarettes on an almost moment-by-moment basis. These same millions know intellectually that cigarette smoking is injurious to their health. Despite this knowledge they continue to self-destruct. Since peer pressure is one of the major causes of young people engaging in self-destructive behavior such as abusing drugs, drinking significant amounts of alcohol and smoking many cigarettes, I believe that peer pressure can be utilized to change negative behavior into positive goal attaining behavior. We do this through ongoing developmental peer group counseling sessions. These sessions focus not on drugs or alcohol per se, but the kinds of problem areas that young people are concerned with. These include: school, parents, sex, and interpersonal relationships among others. The goal of the peer group counseling session is for the group to learn how to problem solve in all these areas so that they can negotiate adolescence safely.

In a very real sense, the SPARK program, when successful, buys young people time so that the normal maturational process is able to take hold. I would suggest to you that behavior can be changed for the better when an adolescent hears a peer whom he has grown to love and trust, confront him, out of concern, with respect to his irresponsible behavior. The impact of this kind of group interaction is significantly more effective than an adult, be he exaddict or not, lecturing him in terms of how wrong his behavior is.

School-based programs, under their prevention mandate, utilize such approaches as open-ended rap groups, student information tables, social alternative programs, open ended role plays within classrooms, and peer group leadership training.

New York State has had the benefit of enlightened State leadership that encourage linkages between all segments of the prevention/treatment network within the State. The State has made possible the extraordinary helpful role of the New York City Urban Coalition. The New York City Urban Coalition has provided great technical assistance and community articulation for all programs. Arthur Barnes is the executive director of the New York City Urban Coalition and has been a personal source of inspiration in the long and sometimes lonely fight against teenage substance abuse.

New York State has led the way in terms of relevant research around the problem of substance abuse. The most recent, under the direction of Dr. Douglas Lipton, dealing with the drug usage habit of college students. I believe this was a research first.

The State has behaved responsibly in terms of initiating evaluations for school-based prevention programs. These evaluations, in my judgment, represent the most significant attempt to date to measure prevention program effectiveness. Responsible evaluation represents an insurance policy for the taxpayer.

I wish I can be as positive with respect to my perceptions of the role of the Federal Government to date. Over the past 10 years, I have seen no evidence of national advocacy for prevention programs. Of course advocacy must be based on knowledge of program, and since there has been little or no attempt on the part of the Feds to find out about prevention models in New York, I guess one cannot expect advocacy.

There has been no meaningful Federal attempt at creating national linkages. Vehicles do not exist for the dissemination of successful practices. We all operate within our own private corners.

I would hope that the following quote from President Reagan's press conference represents a significant change in policy.

> And I envision, whatever we can do at the national level, to try and launch a campaign nationwide. Because I think we're running the risk of losing a great part of a whole generation if we don't.

I am certain that the SPARK Program will do everything that we can to cooperate in terms of the nationwide campaign the President is talking about. I would hope that the Federal Government would prove its sincerity in terms of this national epidemic by instituting no cuts for the State of New York in terms of drug moneys, both treatment and prevention. I would think your committee could be particularly helpful to call together the New York State Delegation for purposes of having representatives from the

various modalities, prevention, intervention, methadone, drug free, et cetera, provide the New York delegation with the most comprehensive overview possible of the approaches and some of the issues absolutely essential to the success of these programs. I know I would welcome that, and I know the prestige of your leadership and committee would be helpful in that matter.

In closing, one has only to think back to March 17th, St. Patrick's Day, and recall the tragic film and newspaper accounts of the kind of terribly destructive behavior that our young people were engaged in, to understand the choice confronting this country. Thank you.

[Mr. Jaffe's prepared statement follows:]

PREPARED STATEMENT OF ARTHUR JAFFE, DIRECTOR, SPARK, NEW YORK CITY HIGH SCHOOLS

Dear Mr. Zeferetti, "I've had people talk to me about increased efforts to head off the export into the United States of drugs from neighboring nations. With borders like ours, that as the main method of halting the drug problem in America is virtually impossible: It's like carrying water in a sieve.

It is my belief—firm belief—that the answer to the drug problem comes through winning over the users to the point that we take the customers away from the drugs, not take the drugs necessarily—try that of course, you don't let up on that. But it's far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers."

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Mr. ZEFERETTI. Thank you, Mr. Jaffe.

Mr. Klibonoff.

## TESTIMONY OF MARVIN KLIBONOFF, EAST RAMAPO CENTRAL SCHOOL DISTRICT

Mr. KLIBONOFF. I, too, appreciate the opportunity to testify here this afternoon. I work in a suburban school district. Whereas perhaps at one time the term suburban school district was thought of as a paradise, it is no longer. We have about 12,500 students in our school district, and in my written material I mention that our school district, one of the largest in New York State, also has the largest group of students in our country receiving aid from social services. We also have students living in $200,000 homes who also have problems with alcohol and drugs.

The formal programs, in addition to the health classes mandated by the State, are carried out by school community counselors. If we had more money—the school district takes no funds for administrative expenses and we provide many services. We use the moneys that come to us, strictly for the salaries and benefits involved with the counselors and some small additional amount of funds to send them to various appropriate State conferences.

When I asked the people at the agency whether there was any Federal funding involved in the moneys that come to the school districts throughout the county I was told no, and I asked if it was a matter of Federal regulation which prevented funds coming to the State to be used in school-based programs and they said no, that was an administrative decision in the agency.

Up to a short time ago, NIDA didn't support prevention-based programs. They were interested in treatment. The State agency feels school-based programs are extremely important. Rather than take chances of having school budgets made up where the program is funded through outside sources, then in the middle of the school year have the rug pulled out, they decided to fund it entirely with State funds.

It is important that members of the committee realize that any type of funding that involves schools must be for the entire school year.

Unfortunately, we find that in New York State, school districts outside the cities have their fiscal year starting July 1, the State fiscal year starts April 1, and the Federal fiscal year is, of course, another date. It is impossible to plan when you have important Federal agencies flip-flopping back and forth, philosophically, between treatment and prevention.

In classroom presentations, the PTA, community groups, faculty, and various media are used. Congressman Gilman asked the question prior to the recess about materials. The factual materials are pretty good, although we don't have enough in other than print media.

Then there is an educational program. I speak of that as a broad-based program where we do work with kids who are considered "at risk." We try to develop a sense of personal identity, self-esteem, and self-understanding. Also stressed are the development and improvement of problem solving, decisionmaking, and communication skills.

We have an intervention program where we deal with kids who we know are involved with drugs or other substances such as alcohol. There we have some very specific objectives. One is establishing positive relationships with their peers, with parents, and other adult figures. Development of a values system for values clarification, development of coping skills so they can hold a job and live in the world out there and finally development of problem-solving and decisionmaking skills.

The counselor sees students individually, in groups and sometimes with parents in a family group.

Mention should also be made of another aspect of our program which really has a countywide basis. Mr. Jaffe referred to networks. We have one in Rockland County. We are a small county geographically, although we have a quarter of a million people. Through the county health center and county health complex there is a very tight organization. The counselors get to know key people at the mental health center and the mental health complex, so if they have a crisis, they know who to call to get a kid admitted without going through bureaucratic redtape. It can be critical in terms of life.

The mental health center and its network also provide opportunities for staff development, training, contact with psychologists and psychiatrists who specialize in treating adolescents.

Also, there is a lot of transiency of families within the country. A family in another school district may move to our school district and the child will receive counseling immediately because the pre-

vious counselor knows the counselor at the child's new school. That has worked very well, and I think it can serve as a model.

Over the years, and we have had a school-based program for approximately 8 to 10 years, the students know that the counselors are there to help them, that when they come in and talk to them their confidences are respected and there is no judgmental attitude and they feel confident. In fact, most of the referrals are self-referrals.

I do have some recommendations. I believe the Congress should develop legislation which would earmark funds for school-based programs, so as to provide an early prevention and intervention approach. I know the administration's feeling about funds to local and State agencies, et cetera, is very broad. But in order to guarantee that funds go to school-based intervention programs, we need categorical aid. Should those funds become a reality, I believe the agency that has the responsibility for overseeing such a program should design reporting forms with great care. What I have seen, and what continues to happen, is that we are required to keep certain records and forms which force the program into activities which are not really beneficial for students. But they do make it easier for the agency to account for funds because you begin to deal with numbers.

There are activities counselors are engaging in that are not easily quantifiable, yet the agencies feel without that they have no accountability. I would suggest the way to assure accountability is to make onsite reviews. We are not a clinic. A treatment center and the school setting are quite different.

In addition, I think the Federal Government, through whatever agency that is appropriate, should work with specialists in the educational field to develop instructional materials. We really don't have enough instructional-type materials to be used in classrooms, in group work by the counselors, and I am not talking about the kinds of little brochures or the types of programs that exaggerate the drug situation so the kids literally sit there and laugh.

We have shown some films in classrooms, and the kids thought they were a comedy because they were so far from the mark.

I also think the organizational model that we have in Rockland County should be pursued where we are interlocked with other school districts, with professionals in the mental health center, law enforcement agencies, the health complex.

And last, I would hope that this committee might prevail on the FDA and U.S. Postal Service to end the distribution of materials sent through the mail dealing with "look alikes."

I attached a copy—it is black and white—it really doesn't make the point very well, but I brought the original which I will give you for the committee files. "Look alikes" are now very big. There are approximately 30 pills here, all of them contain the same substances but they look very different. They are made up to look exactly like the kind of pills that are sold on the street.

You can imagine a kid coming home from school, both parents work, and he finds this, "Hey, you can get black beauties for $15." So he and his buddies scrape together $15 and send away for the pills. They are dangerous. They contain ephedrine sulfate, phenylpropanolamine, both medically dangerous substances. I would hope

something could be done about it, because it is not only the physical and medical danger, but there is an attitude being built when you see copy, "For an afternoon boost, use these pills."

There is an attitude being developed that these are the strongest high energy stimulant you can buy without a prescription. That is deadly.

Mr. ZEFERETTI. We found this to be prevalent not only in circulars like that but Popular Mechanics types of books. We have already notified the Postmaster General and the FDA. We are looking into it right now. It has been brought to our attention.

Mr. KLIBONOFF. In conclusion, I appreciate the interest of this committee. I heard you say before, you are the only game in town. That is a shame, because we have a generation out there that is growing up, they are bright and the country needs them. A great many of them are just throwing their lives away and literally blowing their brains out.

Mr. ZEFERETTI. Thank you both, gentlemen, for your contributions.

Let me say in answer to you, Mr. Jaffe, when you said pull the New York delegation together to form a coalition to combat the ills—let me tell you it was quite an effort to just reconstitute this committee in the air of financial constraints and to go forward with the committee to have the ability to address the matter of drug abuse. My colleagues of the New York delegation, maybe, except one, are all committed toward that end.

It is not just a New York problem, but we were able to sell it to the Congress. As you look across the country, you can look across the world. Everybody is affected; looking to drugs as a crutch, if you would, that they can lean on toward making their way in life. It was only through that effort and through the understanding of the rest of the Congress that we were fortunate enough to reconstitute the committee.

There is a great need for cooperative effort between the executive branch, as you outline in your statement, and we on the legislative end.

As you may have heard me say earlier, I am also a believer that there has to be some input from others aside from government. I think today, as we look at the lessening of productivity, the lack of education in some of the areas where the kids are falling by the wayside, I think you know it is everybody's responsibility today. Really, you and I go back a couple of years I think——

Mr. JAFFE. At least.

Mr. ZEFERETTI. We have found ourselves in different situations, but at least making the same kind of effort.

Years ago, when I was with Corrections, we were trying to formulate these programs and trying to make them work. We commend you for your effort. We have a real difficult test ahead. I might say, among many, many Members of Congress there is a recognition that there is a need not only in the area of intervention as far as drug trafficking is concerned, but in the area of just getting down to the grassroots and seeing on a community level what can be done before these young people get hooked, because of their brightness, their brightness and ability to do a heck of a lot more things than we had as youngsters and appreciate them more.

We have to reach in and do something toward that end, otherwise there is a loss to society.

When we find our youngsters confronted with the various problems they face out in society, then we have failed. Until we can address it in such a way that we have made an impact, put together a package that will offer some help, we won't have a program at all.

Mr. JAFFE. Responsible programs have recognized the leadership of your committee. When there was an issue on the House floor last year as to whether this committee should exist, we sent at least five letters to Tip O'Neill, and we got involved in what I thought was some very positive dialog with the Speaker in terms of the leadership role of your committee. I was delighted to tell him of the personal perception of the help of your committee for my program.

Your constituency in a real sense are these responsible programs, both treatment and prevention. We look to you because you are the only game in town and we look to you for the kind of enlightened leadership that I think only your committee can provide at this time.

I do know the New York delegation has realized the importance of this problem. It may be that the responsible programs can be of assistance to you in terms of helping the President develop a realistic drug abuse policy with input from the grassroots on up. There is an organization in the State. My good friend and colleague John McVernon is the president. I am the vice president. It is the New York State Association of Substance Abuse Programs.

We are an organization which represents statewide all the provider programs throughout New York. We would be delighted to meet with your staff people, to meet with you, or anybody you designate, and attempt to put together a realistic program that will lead to some constructive action on the part of the Federal Government.

Mr. ZEFERETTI. I thank you [indicating], and I thank you [indicating], for the support. The support came down from parents groups, various agencies; it was just terrific.

I am sorry Mr. Glassman left; District 21 is my district. He is doing a good job and I am sorry he had to leave. I want to apologize for keeping you here this long, and I am sorry, too, that most of my colleagues went back to Washington. We will continue, because the dialog and material is available for every member of the committee to address and to enlighten themselves with.

[Mr. Glassman submitted a statement which appears on p. 85.]

You each have programs that are working effectively. I am wondering how much sharing of the knowledge you share with one another; and No. 2, are you doing anything within the programs to educate the educators, the teachers and those school people you deal with on a daily basis.

Do both of you want to touch on that?

Mr. KLIBONOFF. In terms of sharing, of course, I mentioned within the county there is a great deal of sharing. We also meet irregularly at the college across the river in Westchester. We have had very little contact with city-based programs, except perhaps once a year at the State conference.

In terms of educating teachers and others within the school building itself, quite a bit of that goes on. Each building in our school district, as I am sure in many other school districts, has a child study team which came into being in response to the Education of the Handicapped Act, so that all kinds of cases are brought before that particular forum as a first step.

We have insisted that the school-community counselor assigned to that particular committee, so that they are focusing on all kinds of cases brought by the child study team, by teachers, parents, administrators, and sometimes rather than a placement in a special kind of program, because the child really is not handicapped in the sense of the interpretation of the statute, it is really a case that belongs with the school community counselor program.

So, here we have a very prestigious committee within a school where we have our drug counselor, to use the common term, as a member of that committee.

Second, several times a year, they make presentations at faculty meetings; meet individually with departments; and they come into health education classes, biology classes. There is a lot of interaction around the building.

Around the State from our county to others, not too much.

Mr. JAFFE. I would echo what Mr. Klibonoff has said. There has been very little formal articulation throughout the State. We have had the good fortune to serve on committees with colleagues from Nassau, Ramapo, Westchester and we have had some informal dialog. I think there is a need to formalize the informality to sort out the best practices that exist and to create vehicles that transmit those practices on a systematic basis to different systems.

In terms of the city itself, we are a little bit better, if only because we are geographically more homogenous than throughout the State. Within my program, the young lady sitting behind me, Josie Peyser, is conducting the training program with guidance counselors throughout the Bronx, also orienting assistant principals throughout the Bronx; in Queens, we have the same; and in Brooklyn, through my central staff people.

We have a long way to go in terms of teacher training and staff development. I think a major piece that has been effected to date has been an understanding of the fact that one of the first battles that can take place in the war against teenage drug abusers and hopefully restructure the learning climate in the classroom setting so that it is not a totally anxiety ridden, hostile setting but one in which a kid can self-actualize, feel good about himself, and be able to relate to a teacher on something other than on an academic basis.

I don't think schools as systems have understood their responsibility to provide kids with ongoing group experiences. I think there is a lot that has to be done in school systems where drug abuse is seen as one of the developmental problems that all adolescents are going to go through. You think of drug abuse as including cigarette smoking, alcohol, pill popping, coffee, et cetera.

Mr. ZEFERETTI. Because of the high increase in elementary and junior high schools, do you think a city department is needed, an agency combating what is going on? Would it help?

Mr. JAFFE. It is so cyclical. It is like reinventing the wheel. We had an agency in New York, the addiction agency, which under some estimates was a total disaster, but under the last administration was a credit to city and county; and, for one, I felt tremendously hopeful. The present mayor dissolved the agency for a savings of $4 or $5 million. Maybe the time has come to take another look at the creation of an agency that would provide at the city level the kind of network, the kind of comprehensive overview, the kind of monitoring that did exist at some time in the past.

Mr. ZEFERETTI. If you are talking about bringing to life the cooperative arm of industry and the like, they would be real guardians of that kind of city agency. They could be the overseers or ombudsmen of what is going on. And I think it would lend itself to producing something effective.

Have you any communication at all with community-based programs? Do you work together on any level?

Mr. JAFFE. We have involvement with community organizations and agencies in every district and bureau throughout the city. I am not involved with CATCH; I have not been invited. But other than CATCH, I think we relate to every important agency in the city, including the police department.

Mr. ZEFERETTI. You have heard some of the testimony already and some of our recommendations. One of the things I am advocating is putting together a task force that would be regional in approach. You talk about the moral fiber being affected, education as an arm of the community, and industry as another arm of it.

Do you feel a cohesive grouping of people, putting forth an effort to educate the community, could come up with techniques for successful intervention? I would like both of you to comment.

Mr. KLIBONOFF. Geographically, our community is small. I think it would be effective. Thinking of the city and millions of people, it is very hard for me to say how that would work on that scale.

Perhaps Mr. Jaffe could respond to that. Certainly in our community it could work.

Mr. JAFFE. If you had a sophisticated planning process, and I am sure you would, knowing your track record, and if you would design criteria, the vehicle for moving in and out could be corroborated. If you had some of the sponsorship and clout for some of the key players, what you are suggesting I think could be effective.

Thank you.

PREPARED STATEMENT OF MARVIN KLIBONOFF, ASSISTANT DIRECTOR, SECONDARY EDUCATION, EAST RAMAPO CENTRAL SCHOOL DISTRICT

A SCHOOL BASED SUBSTANCE ABUSE PREVENTICN AND INTERVENTION PROGRAM

*I. School district and program description*

*A. School district.*—The East Ramapo Central School District is a suburban school district, approximately 30 miles northwest of New York City on the west bank of the Hudson. There are fifteen school buildings; eleven elementary schools, three junior high schools (grades 7-9), and two senior high schools (grades 10-12). The school district has approximately 12,500 students with 22 percent minority students. Of that group of minority students, the district has a growing number of Haitian students who suffer both from language problems and the problem of a cultural environment quite different from Haiti. The school district also has the largest number of students receiving aid from Social Services of any school district in the County.

*B. Program.*—The Substance Abuse Prevention Program in East Ramapo is the primary responsibility of five individuals who are called School Community Counselors. There is a full time school community counselor in each of our senior high schools and a part-time counselor in each of our junior high schools. The part-time position is a 60 percent full time equivalent position (21 hours per week). The funds for salaries and benefits for these positions come from monies allocated to the school district by the New York State Division of Substance Abuse Services (DSAS). The funds available provide only enough monies for the three full time and two part-time positions. If additional funds were available, the junior high school positions would be upgraded to full time.

The school community counselors are considered a part of the building staff and work closely with building administrators, guidance counselors, school psychologists and teachers.

In the East Ramapo Central School District the substances abused most frequently are marijuana, pills and alcohol. It is quite rare to have cases involving the use of heroin or cocaine among the students.

*II. Program activities*

*A. Information.*—The school community counselors are responsible for an informational program for students, staff and parents. Included in the information program would be factual information on alcohol and chemical substances, the nature of the problem and treatment approaches. The counselors use printed materials, films and other media. Target audiences include students through classroom presentations, PTA meetings, various community meetings and presentations to building staff.

*B. Education.*—The educational program is a broad-based generalized program concerned with the development of a sense of personal identity, self-esteem and self-understanding. Also stressed are the development and improvement of problem solving, decision-making, and communication skills.

*C. Intervention.*—The intervention services are specifically designed to decrease the individual student's abuse or dependence upon substances and the elimination of negative behavior patterns. These goals are achieved through increased development of his/her mastery of self and the environment. Specific objectives include: (1) Establishing positive relationships with peers, parents, and other adults including authority figures; (2) Development of a values system; (3) Development of coping skills; (4) Development of problem solving and decisionmaking skills.

The school community counselor may see the students individually, in a group situation and may also be involved in crisis intervention and referrals to another agency where appropriate. Counseling with parents is also undertaken.

D. Mention should be made of the organization model that has been developed in Rockland County. There are five school districts including East Ramapo and a "store front" operation that are coordinated through the County Mental Health Board. This coordination and relationship provides opportunities for training with specialists at the Mental Health Center and the development of contracts and a network which provides access and priority to our school community counselors should there be a need for emergency services at the Mental Health Center, be it out-patient or in-patient services.

Over the years our students have developed a sense of confidence and trust in the skills, understanding, and caring nature of our school community counselors. While students are referred to the counselor by teachers, administrators, and parents, many students are self-referred seeking out the counselor because they've heard he/she is someone they can talk to and where confidences are not betrayed.

*III. Recommendations*

A. The Congress should develop legislation which would earmark funds for school-based programs as to provide an early intervention and prevention approach. No portion of the funds received by the East Ramapo Central School District through DSAS is federally funded. Although the approach in the last Congress was emphasis on the block grant, in this instance it is our belief that categorical funding should be considered.

Should federal funding for school-based programs become a reality, the reporting forms should be designed with great care. In an effort to insure accountability the reporting documents could very well force a program into activities which are easily quantified in order to satisfy the funding source. One might assume that pre-program and post-program data on class cutting and attendance would show the efficacy of the program. These areas would be an important indicator for the student who came into the program with these symptomatic problems; there are many students who would be involved with the program who had an acceptable

attendance and cutting record. Many of the activities and indices do not lend themselves to quantification and validation.

B. The Federal Government through an appropriate agency should work with specialists in the educational field to develop meaningful instructional materials to support the prevention and intervention programs in our schools.

C. An organizational model such as the one presently existent in Rockland County, New York should be considered for implementation in other areas of the country. The interlocking of professionals in the schools and in the Mental Health Center and other agencies provides a broad base of skills, facilities, training and consultative and referral opportunities.

D. The Select Committee on Narcotics Abuse and Control should work with the FDA and United States Postal Service to end the distribution, through the mail, of material advertising pills for sale. These pills include stimulants which are manufactured in a variety of formats—tablets, capsules, spansules, which are attractive to our youth. They are manufactured in these various formats, and the advertisement in question shows pictures in color of each of them, because on the street they are known as "look-a-likes." (See p. 84). Not only do some of the substances contained in these stimulants pose a physical danger to the user if misused, but perhaps of equal importance, they encourage an attitude about using pills and similar substances for a "boost."

The sincere interest and concern of the House of Representatives Select Committee on Narcotics Abuse and Control in a program of Substance Abuse Prevention and Early Intervention is welcomed by the educational community. We have seen too many of our children and youth endanger their health, diminish their ability to learn and progress and literally destroy their future through substance abuse. It is our hope, that through the support and interest of the Federal Government, a concerted effort can be made to reduce and ultimately eliminate this cancer affecting our communities and nation.

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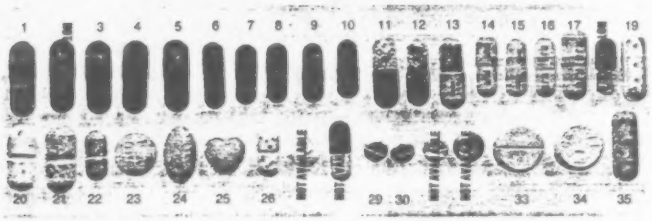


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STATEMENT SUBMITTED FOR THE RECORD BY SIDNEY GLASSMAN, CHAIRMAN, COALITION OF DIRECTORS OF SCHOOL BASED DRUG PROGRAMS, NEW YORK CITY

I am preparing this paper with great concern for the possible destruction of the drug abuse prevention and intervention network that will occur in the event that President Reagan's dollar cuts are promulgated.

The New York City School-based Alcohol and Substance Abuse Prevention and Education Programs have suffered actual budget decreases over the past five years that amount to $2.3 million. This figure equals a total loss of three hundred and fifty-two employees—fully a one-third loss of staff. These drastic decreases have come at a time when parents, educators, legislators and the community at large agree that a proliferation of drugs including marijuana, alcohol, cocaine, phencyclidine (PCP), and heroin threatens school age children and young adults.

Statistics published by the New York State Division of Substance Abuse Services, the Division of Alcohol Abuse Services and the National Institute on Drug Abuse support these findings:

Every fourth person in the State fourteen years and older has taken an illegal drug or used a legal drug without a prescription; more than 950,000 of New York State's high school students have used marijuana; 220,000 of these students have used hashish, glue, solvents, PCP or tranquilizers non-medically; fifty one percent of the students in New York State have used at least one substance; and an estimated 3.3 million teenagers between the ages of fourteen and seventeen are considered to be problem drinkers.

Working to reverse this pattern of alcohol and substance abuse among students is the State-wide network of School-based Drug & Alcohol Prevention and Education Programs.

The State-wide alcohol and substance abuse programs provide a range of prevention services including activities that develop decision-making skills, coping skills, and communication skills. Parents learn parenting skills. At least a half million New York State residents are involved in these activities.

In addition, the School-based Programs provide intervention services. These include individual, group and family counseling to students and parents throughout the State who are suffering from alcohol and substance abuse. At the present time in New York State over 100,000 students are receiving on-going intervention help to assist them in decreasing their alcohol and drug use and to support them in becoming positive, responsible members of society.

It is important to point out however, that the number of students whom these programs can service adequately has drastically declined over the past five years due to high inflation and to budget cuts. In the face of widespread substance and alcohol abuse among even very young children, the decline in available resources poses a critical problem.

In order to combat the growing problem of alcohol and substance abuse and maintan current service levels for fiscal year 1982-83, the New York City School-based Alcohol and Substance Abuse Prevention and Education Programs need the total commitment of this committee and of the Executive Branch of Government.

Mr. ZEFERETTI. Dr. Carl Nolte, Bankers Trust Co.; Mr. Paige Cook, director, personal services unit, District Council 37 AFSCME; Mr. Richard Pruss, president, Therapeutic Communities of America.

Please make yourselves comfortable. Welcome, gentlemen.

If you have statements, they will be included in the record. You may proceed in any fashion you are comfortable with.

## TESTIMONY OF CARL NOLTE, M.D., BANKERS TRUST CO

Dr. NOLTE. Since I was called first, I will start first.

Let me tell you first I express thanks for being able to address you. Second, tell you I am on the executive board of the National Association on Drug Abuse Problems. I know you have heard from others today from that organization. Third, I am the medical director of the Bankers Trust Co. of New York, and consulting medical director for the emergency medical service of the city of New York. In those roles and in the role of a private practitioner at the St. Vincent Hospital and Medical Center in Greenwich Village, I have

a lot of exposure to problems at different levels that we are talking about today.

Let me say personally, first and foremost, that I am delighted to have an organization such as NADAP to use as a vehicle for operations to kind of coordinate all the various problems associated with drugs in the city of New York.

Today, I am even more delighted to be able to speak with you and have this kind of interchange in order to hopefully catalyze progress in a field which apparently is beginning to stall, at least from my viewpoint.

NADAP, as you know, has been in existence for 10 years and is a group comprised of labor and industry which is joined together for the purpose of dealing with the drug problem, especially as it relates to the city of New York initially and now a little more widely, confronting problems in other parts of the Nation.

The spinoff from the Association for a Better New York was prompted by the problem New York faced 10 years ago where they had a lot of industry leaving the city and therefore loss of jobs. In analyzing the reasons why industry was leaving the city, it not indirectly led to complaints of workers that they really didn't want to be in the city because of crime problems which many had equated with the drug problem of the day.

As you know, the drug problem has waxed and waned. The crime problem seems to continue. Whether or not they are directly related, really, remains to be proven. But clearly it was the impetus for the beginning of NADAP which at that time was called PACT.

What happened is we looked at both ends of the problem. First of all, NADAP is not involved in treatment but has as its base approximately 100 corporations in the New York metropolitan area which contribute with personnel to NADAP's activities.

Initially what they dealt with was employment of the so-called ex-addict. As you know, the off-track betting with Howard Samuels was one of the leaders at that time and NADAP got, at his thrust, women onboard and with his experience, which was surprisingly good.

Many large banks followed suit, slowly, of course, and what NADAP observed was that although a certain subset of so-called ex-addicts could be gainfully employed without any difficulty, there was another set who, while drug free, became social problems. And this was probably related to the fact they were not oriented to the business community.

At this time NADAP has run a very fine demonstration of a project called the transition project which has been recognized by the President's Commission on the Handicapped, and basically it orients persons who have no business orientation to the workaday world so they don't become overwhelmed by the fact they have to enter a large corporation and behave in a manner that is perhaps somewhat foreign to what we are used to and, of course, not use drugs.

Perhaps more importantly than that, on a long-term basis we have started to look at the area of prevention in a very superficial and, again, in a catalytic way.

Mrs. Rose Shapiro, former president of the New York City Board of Education, is on the board of NADAP and has taken the role of

acting as gadfly to the other members who are not quite as active as she is in stimulating ways and means to find how prevention might be approached.

Just as insulin is not necessarily appropriate for every diabetic, it is probably difficult to find one way to approach any given psychosocial and/or medical problem. So we are not supporting any given approach. What we are asking is that persons involved with this particular problem and looking at the prevention of drug addiction and chemical abuse be openminded and not lock in on perhaps a preset notion which we have seen in the treatment program—at least we see that as a problem in the treatment programs, because these things are so difficult to measure, as well you know.

If you are looking at someone with hypertension, you can measure the blood pressure and there is little argument over the modalities or treatment you are using and whether they are effective. On the other hand data in this field is extremely difficult today and extremely difficult to identify. So you are dealing with opinions, people who won't share data, people who don't have data. So our feeling today is that no one close their mind to anyone else's approach.

I will tell you a little bit more about what we are trying to do to learn about what might be done. Each month, Rose Shapiro under the auspices of NADAP, gets together with individuals working in the prevention field, and they include mostly members of the school system, the Catholic and Jewish school systems, and others, including parent groups and some younger people, too, students, to try and share on a timely basis their experience, their knowledge, their observations as to what might be done in the approach toward drug abuse. There are organizations, as you know, such as Al-Anon, who have done this with some success in terms of the alcohol abuse. But in terms of the drug problem, we don't have an organized approach or clearinghouse, so NADAP has taken up the role, and is clearly not equipped to do this on a national scale.

From a corporate point of view, you will find many large corporations now dealing effectively with employee assistance programs. The employee assistance programs have been very good in the field of alcohol and alcohol abuse, especially when it occurs on premises. They have been moderately successful in my observation in terms of dealing with employees using drugs, and they have been not so good or at least not so capable of handling those problems employees might bring from home, regarding what to do about their children, relatives, or friends and neighbors who might be tempted by drugs and their problems.

What is happening here in the city is that the employer doesn't see the hard drug abuse that he used to see 7, 9, 10 years ago. In that regard, what has at least happened in the area of persons who are gainfully employed on a regular basis is that they become more sophisticated in the use of drugs either gotten illicitly or are illicit in themselves and don't appear to have performance problems, at least performance problems severe enough for detection or referral.

Indeed, the more sophisticated individuals tend to kind of reflect on their ability to use drugs socially as an indication to them and

their associates of their sophistication, that they never wind up with significant work or medical problems.

Now this group, again in my observation, is a young group and at the moment they are succeeding in what they do. Time will tell where they will end up. Perhaps they are right, perhaps they are wrong. Hopefully, they are right.

I would think, in closing, that I would like to mention that besides the obvious stimulation that you are giving to this problem both here and in Washington, that the country as a whole, really can't afford to turn its back on what is happening in the drug area and the drug market, et cetera.

We have blatantly on television almost an acceptance of the drug approach to life. You see advertisements such as "Life Is Getting Tougher, So We Are Getting Stronger." The message there, besides the one that one analgesic is better than another, the message is when things go wrong reach for the pill. There is a perfume company which advertises o-p-i-u-m as a cool thing to wear. It identifies you as one of the sophisticates to whom I previously referred.

I think the National Government, while not perhaps entirely capable of dealing with the problem as outlined today, clearly can help to deal with the situation in terms of avoiding a drug-reliant society which it would appear is becoming more popular in providing tax incentives to industry. If they would lead corporate persons to groups such as NADAP and others who might stimulate moving the country toward a solution to the problem which is many faceted.

Obviously, financial aid is important. I personally have some great concern for the various programs that are being cut back in terms of this. There are other problems associated with drugs. It is something that we don't clearly understand by any means, and we are, in my opinion, just touching the surface. This is not the time to retreat but the time to move forward.

[Dr. Nolte's prepared statement follows:]

PREPARED STATEMENT OF CARL NOLTE, M.D., MEDICAL DIRECTOR OF BANKERS TRUST/MEMBER OF NADAP EXECUTIVE COMMITTEE

I know that most of you are familiar with the work of our organization. Since 1972 we, a business and labor group, have been active in lessening the damage drug use brings to this City and the State of New York. Our major activity has been the placement of former drug abusers.

In the past few years two changes have been taking place at NADAP. One, is that we are becoming more involved at the national level. Two, we are signficantly more concerned about the issue of prevention.

Rose Shapiro, former President of the New York City Board of Education is Chairperson of NADAP's Prevention Committee. She is joined by a number of Board members including Richard Barry of Metropolitan Life, Jack Brauntuch of the J.M. Foundation and Milton Bassin President of York College.

Mrs. Shapiro has acted the part of the gadfly stimulating the rest of us to be more concerned about prevention for many. In honesty we delayed responding, chiefly because prevention seemed to be such a nebulous entity. What is prevention and how do you know it works?

We were convinced when we began to perceive how many working people were very concerned about drug use on the part of their sons and daughters and when we saw drug traffic right in the commercial centers of the City.

Admittedly, we don't see the kind of dependence and dramatic drug damage that certain spokespersons from the field of the drug treatment depict. Nonetheless the current situation is disturbing and we mean to deal with it as best as we can and from our own perspective.

We do not pretend to be experts at prevention.

What we are doing is providing as many opportunities for the exchange of information among the experts as we possibly can.

On a monthly basis we bring together the administrators of the major prevention systems in the metropolitan area, twice a year we arrange sessions for this group to inform the heads of parent and teacher organizations (Lee Dogoloff of the American Council on Marijuana will join us at our next session on September 22nd) and we have initiated a series of half-day Conferences on Alternate Approaches to the Prevention of Drug and Alcohol Addiction.

Our next such session—aimed at prevention workers and others concerned about prevention—is set for October 14th at Metropolitan Life. The activities of Channel One in Islip, The American Health Foundation and Phoenix House will be presented on that date.

We are convinced that prevention and intervention are authentic parts of the substance abuse service system.

Our concern is to help the professionals dedicated to this effort to be better equipped to do the job and to be more appreciated for the job they do.

Our aversion is to any preconceived notion as to what prevention activities have to be. The needs of individuals are so varied and the problems of each community so distinct that our mind has to be accepting of the plan that any well informed and responsible team of honest citizens puts together.

Preventive medicine does not mean the same regimen of exercise, nourishment and medical service for every person who steps into the office or clinic.

Preventive approaches in the field of drug and alcohol abuse, within the broad categories of constructive activities, self awareness strategies and informational programs will look just as diverse as they are put in place in a variety of settings.

Mr. ZEFERETTI. Thank you, Dr. Nolte.

Will Mr. Primm please come to the table, also, and join the panel?

Mr. ZEFERETTI. Mr. Cook, would you like to proceed. By the way, say hello to Victor.

## TESTIMONY OF PAIGE E. COOK, DIRECTOR, PERSONAL SERVICES UNIT, DISTRICT COUNCIL 37, AFSCME

Mr. COOK. I will do that.

Thank you, Mr. Chairman and members of the select committee. I am delighted to be here also and wish to take this opportunity on holding these hearings and highlighting the importance of developing prevention programs on drug abuse. This is a concern that the union shares as well and we share for a number of reasons. No. 1, we are concerned about our own membership and the members we cover and their health and their safety. Equally we are concerned about their families. We have a special commitment in outreach to them and the communities in which they live.

You have my testimony. I would like to share some from it and then elaborate on certain points.

Mr. ZEFERETTI. The testimony in its entirety will be made a part of the record. You may proceed in any way you feel comfortable.

Mr. COOK. First of all we would like to indicate that we feel that unions in general have a very important role to play in the area of drug abuse prevention and early intervention programs. This is in part so because the network of most unions includes outreach to the membership and their family members as well.

I mentioned in the testimony that in addition to representing members relative to their life as workers, unions are concerned about the overall health and well-being of members and their families.

The AFL-CIO Community Services Department and in New York City the Central Labor Council are examples of organized labor's response to certain widespread personal and social needs of

union members, including the provision of information and services to members and their families in substance abuse and alcoholism.

Additionally, many unions have the role of social service providers. What I represent covers district council 37.

Specifically at district council 37 we provide services to 120,000 municipal and public employees and their families. The service is located within the health and security plan of the union, and this service is viewed as a right of the members, so that it is a service that has gained the trust of the membership and of the union organization, and members feel comfortable coming to the personal services unit for any problem they may have. I think that is an important ingredient in what we do with our preventative approach.

The problems with drug abuse and alcohol abuse receive major attention of the personal services unit, and members come who may require treatment via individual and group counseling provided in-house, or referral to other agencies outside in the community for more extensive treatment services.

The major way these services are provided are, No. 1, through information. The personal services unit periodically holds conferences, workshops, seminars that are open to the union membership as a whole. This provides information on a wide range of kinds of problems that members may be experiencing or that may be true for families. But it includes information about drug abuse and alcohol abuse. So that is one ongoing kind of mechanism we use for the dissemination of information.

The workshops are publicized in the newsletter, the Public Employee Press, and other kinds of communication channels have been used.

The access to these services is rather great because in addition to the personal services unit, there are other services of the unit that we offer the membership. There is a med plan which provides services and that gives us another entree to members who utilize that service for their total health plan coverage.

In addition, we have an education program, so that provides another way of reaching the membership, and then we have the union organization itself, and I will spend more time talking about that next, in relation to the kind of training that we do.

The union network, and this is a very important part of the way that the personal services unit provides services, works with the union representatives and shop stewards toward providing services to the members. Sometimes it is in the form of a job jeopardy kind of issue where a member has gotten into difficulty on the job and there is a hearing, and then the rep comes with the member to the personal services unit to address that issue.

So you have the member who may be in difficulty, and the rep and the personal services unit counselor facing together what the problem is and developing some kind of a plan or to address the issue. That is very significant because that means the problem is in the open, so to speak, and that the member now has to face a way of dealing with that problem. So that fosters the position of the unit to address the problem.

This happens with alcohol and drug cases as well.

So in some instances we are talking about members who have a problem coming into the personal services unit to receive assistance. In other instances we are talking about a member who may come to the personal services unit because they may have a child who has a problem and they come to the unit to receive advice as to what to do about that child. Or the member may come because they think there is a problem and they come for advice from the unit.

So there are different levels and ways that we respond to members and their families either in terms of treatment and dissemination of information and services, frequently.

A key part of this program is a training program that we have developed over the years where we hold training sessions with the union representative and the shop steward to provide information about workers who may have trouble or the troubled worker and providing an orientation of that, we look at areas of mental health, drug abuse, and alcoholism and to give them some understanding of the kinds of problems that may exist in those areas, what are some of the behavioral signs that may be noticed in each of those areas, what are some of the treatment resources that—community resources that may be available and how do you approach a worker who may be evidencing some difficulty that may be different from the usual.

That is done in a model where the union steward or rep may both feel comfortable in observing any kind of change of behavior of a worker or approaching the worker or identifying somebody else in the work network who can approach the worker and then getting that information and that referral back to the personal services unit.

That kind of training review is very, very significant. We plan to continue it and increase the range of not only mandated referrals but self-referrals because of the trust that exists in using the personal services unit, and that outreach of our personal services unit counselors is augmented directly to the workplace.

So that kind of training model is one of the efforts that we plan to continue and have been very effective in disseminating information both about the problems of drug abuse and alcohol and getting them the help they need and getting families to the help that they need.

The last focus that we have developed quite a bit of attention to is services to families. We have held conferences that are focused on the dimension of families and on parenting and on particular aspects of single-parent families and some of the stresses and strains that may be involved of two parents working and raising children. What are some of the kind of assistance that can be provided to those families? What are some of the concerns? One of the areas of concern again that we address is the area of drug abuse and alcohol.

What resources are available? What role can the personal services unit play to identify that one person who has to reach out for advice and find out what services are available?

These programs are ongoing and are being expanded. We plan to, this year, for example, to do much more in the area of developing programs on health and well-being, reference to family members.

We have had a lot of requests for health and stress management and we have begun to look at the components of stress management and we certainly will address this area as well.

In addition, and I certainly do not want to leave out, we support the efforts of school-based drug prevention programs. Part of our membership are employed in some of the programs that were referred to earlier. We consider that as a very, very important programmatic effort that needs to be maintained and if possible expanded because that is the natural place where all children can be reached, and we think that is a very, very vital program.

So, we want to look at efforts that perhaps the Federal Government will find ways to assist programs like ours, and as I indicated the personal services unit is one, I can think of at least one other major union in the New York City area which also has personal services unit programs.

One area would be in the effort of supporting information about prevention and early intervention approaches to drug abuse that could be helpful in groups like the ones that we represent, presenting that information and sharing it with the membership and those who we train. So developing and disseminating information about prevention and early intervention is important.

Second would be efforts to support training of indigenous representatives of the work force such as union representatives, shop stewards, health persons, school-based programs, and others close to the population of potential abusers. This is very much needed.

Third, if it is at all possible that the Federal Government earmark funds for school-based drug prevention programs, to focus on program development, that is another area we consider to be very important.

And fourth, to develop materials for use by families in their normal process of child-rearing and parenting. We feel there is a need to develop more materials to assist families in that process.

Too frequently, we focus on when there is a major problem or after the problem occurs or when there is a crisis, but we do not do enough to support families in their ongoing role of parenting and of being aware of the kinds of issues they might be able to attend to and to utilize the sources that are available in their role as parents. We consider that to be a very important need area.

In summary, it is our contention that unions are especially equipped to utilize this helping network due to social interaction which occurs at the workplace but extends into the community where members live. Harnessing such networks through education and planning activities on the problem of drug abuse is a powerful way in which unions can reach their constituencies.

Thank you.

Mr. ZEFERETTI. Thank you.

[The prepared statement of Paige Cook follows:]

PREPARED STATEMENT OF PAIGE E. COOK, DIRECTOR OF SOCIAL SERVICES, DISTRICT COUNCIL 37, AFSCME

Mr. Chairman, it is our view that Unions have a very important role to play in the area of Drug Abuse Prevention and Early Intervention programs. The network of most Unions includes outreach in various forms to their membership and also to the families of their members as well. In addition to representing members relative to their rights as workers, Unions are also concerned about the overall health and well-being of members and their families. The work of the AFL-CIO Community

Services Department and, in New York City, the Central Labor Council, are examples of organized labor's structural response to serve a wide range of personal and social needs of Union members, inclusive of providing information and training services to Union members in the area of substance abuse and alcoholism. Additionally, many Unions have had their own social service or personal service units that are designed to address mental, physical or social problems that may interfere with the member's ability to hold his job.

TESTIMONY ON UNION INVOLVEMENT IN DRUG ABUSE PREVENTION AND EARLY INTERVENTION PROGRAMS

Mr. Chairman, it is our view that Unions have a very important role to play in the area of Drug Abuse Prevention and Early Intervention programs. The network of most Unions includes outreach in various forms to their membership and also to the families of their members as well. In addition to representing members relative to their rights as workers, Unions are also concerned about the overall health and well-being of members and their families. The work of the AFL-CIO Community Services Department and, in New York City, the Central Labor Council, are examples of organized labor's structural response to serve a wide range of personnel and social needs of Union members, inclusive of providing information and training services to Union members in the area of substance abuse and alcoholism. Additionally, many Unions have had their own social service or personal service units that are designed to address mental, physicial or social problems that may interfere with the members's ability to hold his job.

The Personal Services Unit of District Council 37, American Federation of State, County and Municipal Employees, provides service to 120,000 municipal employees and their families. The service is located within the Health and Security Plan of the Union. The fact that the Personal Services Unit is part of a Union's Health and Security Plan gives its members a feeling of trust and belonging. The workers feel they have a right to demand and receive services from the unit.

The problems of Drug and Alcohol Abuse receive major attention through the services provided by the Personal Services Unit to members who require treatment via individual and group counseling provided in-house or referral to other agencies when more extensive treatment services are required.

Past efforts of the Personal Services Unit in the area of Prevention have included:

*Information.*—Through periodic conferences, workshops, seminars and the union newspaper, information concerning Drug and Alcohol Abuse is conveyed to members of the union and their families. These efforts are on-going.

*Training.*—Programs geared to increase the knowledge, and understanding of Union Representatives and Shop Stewards concerning Drug Abuse and Alcoholism (aspects of the problem, symptoms, behavioral manifestations, how to approach someone who needs help) have been conducted in the past and are planned to occur again this year. Their training efforts are significant in at least two aspects—they extend the outreach of the Personal Services Unit to the membership at the work place level where the Union Representative or Shop Steward have much greater access to working members who may need service (early intervention) or who may require help in securing information about Drug Abuse for themselves or their families. In the second place, the Union Representatives or Shop Steward usually already has a relationship with members at the worksite and therefore may be identified as someone who the member can talk to about concerns relating to themselves or a family member. Through this helping network, where referrals are made back to the Personal Services Unit, the prevention components of the Personal Services Unit is greatly strengthened.

*Services to families.*—Conferences have been held in the past which have focused on single parent families, parenting, school issues, and concern of adolescence. In this context, the issue of Drug Abuse has been addressed by providing information to parents about this problem, making them aware of services available in the community and encouraging on-going contact with the Personal Services Unit. Counseling is available to parents who have concerns about other family members, and/or services are provided directly to the family member who is exhibiting behavior indicative of possible or future drug involvement. Group counseling services are available to adolescents as well. Services to families continues to be a major focus of our Personal Services Unit. Of course, the Union is well aware of the importance of school based drug prevention programs because a segment of the membership are employed in such programs. School based Drug Prevention Programs are especially important because their services are available to all youngsters in the natural setting of the school—enabling the adoption of early intervention and prevention approaches.

Finally, the Personal Services Unit expects to expand its functioning on the Prevention and Education sphere in a wide range of Personal, Social and Health issues including prevention programs relating to Physical Health and Mental Health—Stress Management. We would expect to include Prevention and Education in Drug Abuse and Alcoholism in all of these efforts as well. Conferences, work shops and group services are planned to occur at the site, and at selected sites in the community.

Efforts to support the dissemination of information about Prevention and early Intervention approaches to Drug Abuse are sorely needed and can be utilized in reaching Union members who are also family members.

Efforts to support training of indigenous representatives of the work force, such as Union Representatives, Shop Stewards, Counselors in school based programs and others close to populations of potential abusers is very much needed.

In summary, it is our contention that Unions are especially equipped to utilize such helping networks, due to the social interaction that occurs at the work place, but extends to the community where members live, as well. Harnessing such networks through education and training activities on the problem of Drug Abuse is a powerful way in which Unions can reach their constituencies utilizing a Preventive Approach.

Mr. ZEFERETTI. Mr. Pruss.

## TESTIMONY OF RICHARD PRUSS, PRESIDENT, THERAPEUTIC COMMUNITIES OF AMERICA

Mr. PRUSS. My name is Richard Pruss and I am president of Therapeutic Communities of America, a consortium of over 300 drug-free treatment agencies across the United States.

I am also executive director of Samaritan Halfway Society, a community-based drug treatment program based in Queens County, New York, which is treating hundreds of clients each year.

We also take a substantial interest in prevention, and I would like to preface my remarks by saying a little more on that point.

The committee's important purpose at these hearings is to help define the appropriate Federal role with reference to prevention and intervention services. That can be done best, I think, by starting with the broadest definition of terms—and by avoiding narrow, artificial, and misleading distinctions.

It would be unfortunate, for instance, if prevention were seen as somehow separate from intervention, or if either were seen as isolated from treatment. In fact, they are all intimately connected, as professionals in this field have recognized for a long time. To focus on one is really to concentrate on them all, although there are times when one or another is most prominent in an individual case.

I will be returning to this point in more detail later on; it is really the essence of what I want to convey today.

To begin with, I want to speak briefly from two perspectives, that of a professional with 20 years' experience in our field, and also that of a troubled parent, whose children are exposed every day to the drug problem in one of its most familiar settings—the public school.

My wife and I have two teenage girls. It is not uncommon for either of them to come home with new and disturbing versions of an old and unpleasant story: about the open, routine marketing of drugs in classrooms and corridors; about classmates who start and finish the school day bleary from pot or pills; about kids who steal not only from strangers but also from their own parents to buy marihuana, Quaaludes, cocaine, PCP, and more.

As you may already be thinking, it has not been easy for our two children. A Stanford University study on the consequences of peer pressure, for instance, has shown that drug abuse among adolescents exhibits fads as conspicuous as jeans or long hair. The research suggests that when 20 children in a class are using marihuana while 10 others are not, the behavior of the minority can be viewed as nonconformist, even pathological. It is extremely difficult for many, perhaps most, average adolescents to resist the relentless invitations from peers to try drugs. When they refuse, the alternative is often ridicule, sometimes ostracism. And all of this is particularly frightening as young and younger children become chronic abusers today.

I have included a personal note here not because my experience is typical—it is not—but because it helps introduce a point I want to make strongly today: There may be relatively few Americans who are both parents and professionals in drug abuse prevention and treatment, as I am, but concerned parents and specialists can work effectively together in defense of this Nation's young people against the drug scourge.

Yes, many teenagers face tough peer pressure. But I am here to suggest that it can be not only resisted but overcome by parent pressure—with adequate help from informed professionals.

Not long ago, of course, this kind of argument was grotesquely out of fashion. In the sixties and early seventies, the American society shook with a rebellion against the nuclear family and its values. The permissive approach to parenting had many prominent advocates. The self-guiding approach to education, even elementary education, was equally familiar.

The distortions were many and damaging.

Authority was confused with being authoritarian.

Simple standards were depicted as rigidity.

The honorable effort to establish racial and political equality was enlarged, by some, into the conception that even young children were somehow equal to their parents—in reasoning power, in experience, in decisionmaking ability. And to some parents who believed that, this painfully misguided attitude included a tolerance for the drug culture.

Today there are some discernible and positive reactions to these ideas. Parents everywhere in the Nation have begun to mobilize against drug abuse. They do not know everything there is to know about drugs. Some cannot even distinguish clearly among amphetamines, opiates, and barbiturates. But they do know something is wrong and, moreover, they are finally intent on doing something direct about it. One parent hears from another who has experienced a crisis with a drug-stricken adolescent. They talk, exchange experiences. What starts on this simple level grows into a support group, attracting the interest of other parents in the same community.

In the last year alone, these groups have networked nationally, forming such coalitions as the National Federation of Parents, the Pyramid Project, and others. And they have attracted the growing support of concerned public officials. Here in New York State, for example, Commissioner Julio A. Martinez of the division of sub-

stance abuse services has made a determined and successful effort to support and fund such parent organizations.

Similarly, while there are still principals who nervously and defensively insist that there is no drug problem in their schools, as you have heard today, the hopelessness of this blind attitude is increasingly more obvious to enlightened educators who are rejecting it—because they care more for kids than for illusions.

The first objective, for many in this expanding alliance of parents and professionals, in the home and in the school, is to prevent drug abuse at the beginning. When their warnings are put into terms that young people understand and respect, when they are accompanied by adult examples that convey consistent, instead of hypocritical, messages, prevention can work admirably. It is the recognized first line of defense against substance abuse—as it should be.

In the same way, there is great promise and performance in the "intervention" effort, which is aimed at reaching young people who have only begun experimenting with drugs, who are still tentative about it, who are not addicted—yet. Some of the most admirable work in our field today is being carried on by adults who are not comfortably at home many nights but in the streets—talking, persuading, and finally convincing some young people that there is an alternative to the wretched ritual of hanging out and getting high. Again, Government has responded intelligently by helping finance these outreach projects.

Yet, as the grim statistics demonstrate all the time, strong prevention and intervention programs are not enough. There must be a functioning network of treatment services, too.

It is important to start early in teaching a child to cross the street carefully. That is prevention.

It is important to remind him forcefully if he grows careless and ignores the lights, nearly has a serious accident. That is intervention.

But, if he is still careless and is hit by a car, we do not say "too bad" and leave him lying in the street. We get him to an emergency room. And that is treatment.

This is what I meant when I said earlier that all these modalities were interconnected and interrelated. They cannot be split apart without injuring each of them seriously. To single out one of them, to suggest that any has a higher official priority than the others would be poor policy. I am well aware that there is intense competition for the Federal funding that now remains for the national drug abuse prevention and treatment effort, but it is vital not to discriminate against any modality or to rank it below any other in terms of fundamental importance. Each is a basic tool which may be needed at any time. And very often they are used together. Let me illustrate:

Over 90 percent of the member agencies of Therapeutic Communities of America—these are treatment agencies—also provide prevention services, in the form of free community and educational activities. We send counselors to schools and local groups for the specific purpose of discouraging drug abuse by the young. We offer hotline telephone referrals to different modalities. We prepare

radio/TV public service announcements in which our experience in treatment is applied to prevention.

Most basically, by treating substance abusers effectively, America's therapeutic communities provide a strikingly dramatic kind of "secondary prevention"—by stopping the abuser from repeating his self-destructive or criminal behavior.

The preventive effect may be felt well beyond the individual. A study made in Britain some years ago indicated that every addicted person free on the streets can "turn on" as many as 200 other persons to drugs in 1 year. Taking him off the streets, therefore, has a clearly preventive function. But it is not simply strangers who may be involved. Quite frequently, when an abuser stops drugs, accepts treatment, his siblings are deterred from beginning. Many of our young clients talk with special pride of the effect their example has had on brothers and sisters. Beyond this, because of the stress on family services, many TCA agencies provide counseling to parents and children, often on problems connected with drug abuse. Again, the emphasis is frequently on prevention and intervention.

I would like to make a few points with regard to legislation recently passed and some of the unforeseen problems that that legislation has created.

When I talk about broad spectrum of services, long ago in the State of New York and throughout most of this country there was a realization of the continuity needed in providing services, from prevention, intervention, drug-free treatment, chemotherapeutic treatment—many organizations in New York have been working well for many years and working very well. The State government is aware of that. The Federal Government in a few efforts over the past two sessions, to aid us in working along more smoothly, created something called a set-aside for prevention programs which in the last session was 10 percent, then proceeded to define prevention.

Many of the services provided as secondary prevention or which could broadly come under the heading of prevention were excluded from that, so programs that were offering services were excluded from being funded for services while new applications, new programs came into effect, to provide essentially the same services.

This year, by the way, that set-aside has been increased by 20 percent, but I have not noticed very restrictive language, which is what we are saying should be avoided.

We find a situation not unlike that, but it deals with some of the difficulties that legislation can create.

In New York State, the block grant for alcoholism and drug abuse, which has a minimum for funding either of the two services at 35 percent, has had an effect that drug abuse treatment and prevention will lose approximately 10 percent of the funding because last year the balance was 25-75.

So, once again, all I am saying is that legislation that is intended to help the services and percentages of money predesignated from a distance frequently can create difficulties as opposed to aiding those of us in the field providing prevention, intervention, and treatment services; and we would ask that Federal Government, your committee, take a careful look at the great impact specific

language in legislation can have on the service provider out in the street providing those services.

Mr. ZEFERETTI. Thank you.

[The prepared statement of Richard Pruss follows:]

PREPARED STATEMENT OF RICHARD PRUSS, PRESIDENT, THERAPEUTIC COMMUNITIES OF AMERICA, AND EXECUTIVE DIRECTOR, SAMARITAN HALFWAY SOCIETY, FOREST HILLS, N.Y.

Chairman Zeferetti, other distinguished members of the House Select Committee on Narcotics Abuse and Control:

As a spokesman for thousands of specialists and lay workers in the drug abuse prevention and treatment field, I warmly appreciate your invitation to testify. So do all the men and women I am representing today.

My name is Richard Pruss and I am President of Therapeutic Communities of America, a consortium of over 300 drug-free treatment agencies across the United States.

I am also Executive Director of Samaritan Halfway Society, a community-based drug treatment program based in Queens County, New York, which is treating hundreds of clients each year.

We also take a substantial interest in prevention and I'd like to preface my remarks by saying a little more on that point.

The committee's important purpose at these hearings is to help define the appropriate federal role with reference to prevention and intervention services. That can be done best, I think by starting with the broadest definition of terms—and by avoiding narrow, artificial and misleading distinctions.

It would be unfortunate, for instance, if prevention were seen as somehow separate from intervention, or if either were seen as isolated from treatment. In fact, they are all intimately connected, as professionals in this field have recognized for a long time. To focus on one is really to concentrate on them all, although there are times when one or another is most prominent in an individual case.

I will be returning to this point in more detail later on; it is really the essence of what I want to convey today.

To begin with, I want to speak briefly from two perspectives, that of a professional with 20 years' experience in our field and also that of a troubled parent, whose children are exposed every day to the "drug problem" in one of its most familiar settings—the public school.

My wife and I have two teenage girls. It is not uncommon for either of them to come home with new and disturbing versions of an old and unpleasant story: about the open, routine marketing of drugs in classrooms and corridors; about classmates who start and finish the school day bleary from pot or pills; about kids who steal not only from strangers but also from their own parents to buy marijuana, Quaaludes, cocaine, PCP and more.

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I have included a personal note here not because my experience is typical—it isn't—but because it helps introduce a point I want to make strongly today: There may be relatively few Americans who are both parents and professionals in drug abuse prevention and treatment, as I am, but concerned parents and specialists can work effectively together in defense of this nation's young people against the drug scourge.

Yes, many teenagers face tough peer pressure. But I am here to suggest that it can be not only resisted but overcome by parent pressure—with adequate help from informed professionals.

Not long ago, of course, this kind of argument was grotesquely out of fashion. In the 60's and early 70's, the American society shook with a rebellion against the nuclear family and its values. The "permissive" approach to parenting had many prominent advocates. The self-guiding approach to education, even elementary education, was equally familiar.

The distortions were many and damaging. Authority was confused with "being authoritarian." Simple standards were depicted as "rigidity."

The honorable effort to establish racial and political equality was enlarged, by some, into the conception that even young children were somehow equal to their parents—in reasoning power, in experience, in decision-making ability. And to some parents who believed that, this painfully misguided attitude included a tolerance for the drug culture.

Today, there are some discernible and positive reactions to these ideas. Parents everywhere in the nation have begun to mobilize against drug abuse. They do not know everything there is to know about drugs. Some cannot even distinguish clearly among amphetamines, opiates and barbiturates. But they do know something is wrong and, moreover, they are finally intent on doing something direct about it. One parent hears from another who has experienced a crisis with a drug-stricken adolescent. They talk, exchange experiences. What starts on this simple level grows into a support group, attracting the interest of other parents in the same community.

In the last year alone, these groups have networked nationally, forming such coalitions as the National Federation of Parents, the Pyramid Project and others. And they have attracted the growing support of concerned public officials. Here in New York State, for example Commissioner Julio A. Martinez of the Division of Substance Abuse Services has made a determined and successful effort to support and fund parent organizations.

Similary, while there are still principals who nervously and defensively insist that there is no drug problem in their schools, the hopelessness of this blind attitude is increasingly more obvious to enlightened educators who are rejecting it—because they care more for kids than for illusions.

The first objective, for many in this expanding alliance of parents and professionals, in the home and in the school, is to prevent drug abuse at the beginning. When their warnings are put into terms that young people understand and respect, when they are accompanied by adult examples that convey consistent, instead of hypocritical messages, prevention can work admirably. It is the recognized first line of defense against substance abuse—as it should be.

In the same way, there is great promise and performance in the "intervention" effort, which is aimed at reaching young people who have only begun experimenting with drugs, who are still tentative about it, who are not addicted—yet. Some of the most admirable work in our field today is being carried on by adults who are not comfortably at home many nights but in the streets—talking, persuading and finally convincing some young people that there is an alternative to the wretched ritual of "hanging out and getting high." Again, government has responded intelligently by helping finance these outreach projects.

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But, if he's still careless and is hit by a car, we don't say "to bad" and leave him lying in the street, We get him to an emergency room. And that's treatment.

This is what I meant when I said earlier that all these modalities were interconnected and interrelated. They cannot be split apart without injuring each of them seriously. To single out one of them, to suggest that any has higher official priority than the others, would be poor policy. I am well aware that there is intense competition for the federal funding that now remains for the national drug abuse prevention and treatment effort, but it is vital not to discriminate against any modality or to bank it below any other in terms of fundamental importance. Each is a basic tool, which may be needed at any time. And very often they are used together. Let me illustrate:

Over 90 per cent of the member agencies of Therapeutic Communities of America—these are treatment agencies—also provide prevention services, in the form of free community and education activities. We send counselor to schools and local groups, for the specific purpose of discouraging drug abuse by the young. We offer hot-line telephone referrals to different modalities. We prepare radio/TV public service announcements in which our experience in treatment is applied to prevention.

Most basically, by treating substance abusers effectively, America's therapeutic communities provide a strikingly dramatic kind of "secondary prevention"—by stopping the abuser from repeating his self-destructive or criminal behavior.

The preventive effect may be felt well beyond the individual. A study made in Britain some years ago indicated that every addicted person free on the streets can "turn on" as many as 200 other persons to drugs in one year. Taking him off the streets, therefore, has a clearly preventive function. But it is not simply strangers who may be involved. Quite frequently, when an abuser stops drugs, accepts treatment, his sibling are deterred from beginning. Many of our young clients talk with special pride of the effect their example has had on brothers and sisters. Beyond this, because of the stress on family services. Many TCA agencies provide counseling to parents and children, often on problems connected with drug abuse. Again, the emphasis is frequently on prevention and intervention.

Obviously, there will be times when one modality will be doing more of the work. If a young man or woman is in treatment, there is no direct need for elementary prevention services because the abuser needs more than warnings at that stage. So, just as obviously, the states should have sufficient authority to see that scarce funding is appropriately distributed to all providers across the board. But there need be no resentments or rivalries among these providers. On the contrary, in the last two years the prevention, intervention and treatment modalities in New York State have acknowledged the importance of working together as members of the Ad Hoc Committee for Statewide Community Based Drug Programs. They united for the specific purpose of sharing information within their field and to act together as advocates for all modalities.

You can see from this that we are not simply preaching mutual effort and support by are practicing both.

We think it is critical that such cooperation and continuity function at the federal level, too. With this committee's understanding and support, it can. The services of which I speak all have important priority. Each is entitled to recognition and help, just as the leaders of each respect and assist one another. We need to recognize the integrity of each of these modalities, to help sustain each of them and, beyond that, to support their cooperative efforts.

Let me put it this way: In a period when parents are again beginning to assert firm and clear leadership, improving hope for revival of the nuclear family as a stabilizing social unit once more, the modalities in the drug abuse prevention and treatment field can each be viewed as members of a strong, healthy, extended family.

Each contributes in an important way to the well-being of young people.

Each offers special sensitivities and skills, each reinforces and complements the other. Each brings individual qualities of empathy and personality to bear—so that if one approach is not effective in a specific case, there will be others that may bring better results. We are talking about a continuum of services and options within our professional field.

We are not rivals but partners, not competitors but cooperators in the firmest professional sense. And, it is in that spirit that we seek Congressional recognition and help at a time when we need both more urgently than ever before in our young history.

Thank you very much. I'd be happy to respond to questions.

Mr. ZEFERETTI. Mr.—Dr. Primm, it is.

## TESTIMONY OF BENY J. PRIMM, M.D., EXECUTIVE DIRECTOR, ADDICTION RESEARCH AND TREATMENT CORP.

Dr. PRIMM. It is all right. In England I hear it is quite an honor to be called mister if you are a physician. It means you are a competent surgeon. So I take it as a compliment.

I have had the opportunity today to read all the different testimony which has been presented here because I came earlier, took them away, and of course many of my colleagues have testified. As a person who is at the end of a session like this, I have a distinct advantage, I feel, because you have heard so many different things and so many are congruent, in other words from the clergy or theologians, from administrators and administrative directors, the hue and cry to your committee has been pretty much the same.

I am going to try to clear up a scientific approach that I feel needs to be said here in terms of primary, secondary, and tertiary prevention.

Prevention entails the gamut of intervention in combating a disease or illness or disability. Primary prevention seeks to stop the condition by eliminating its cause. Secondary prevention aims at early identification, diagnosis, isolation, and treatment of those already affected. Tertiary prevention is highly concentrated treatment for advanced stages of affliction to ameliorate disability and work toward eventual recovery and rehabilitation where possible.

Most drug abuse prevention is specifically primary, centering on abating the flow of new abusers. To a large extent the prevention aspects of traditional treatment are underutilized. Compounding this is a tendency for prevention programs to bite off more than they can chew.

My program is 1,500-patient treatment program that employs both chemotherapy and psychotherapy, both drug-free and methadone maintenance substances, where we maintain people on methadone, another substance which is intervention, one could say.

But in that intervention process, so much prevention takes place that any act on the part of the Federal, State, or anybody else to cut back those services greatly impairs the ability to relate the disease to its entity in the very beginning.

As Richard Pruss just told you about the epidemiology and the studies done in England where one addict can infect 200 other people over a short space of time, it has been thoroughly proven that unless you have an intervention process we cannot do a darn thing about prevention. I also was contacted by the Protestant clergy, as you probably have been notified that Dr. Robert Polk could not be here. He asked me to add to testimony given by his fellow clergy that he is certainly in concurrence with what they have recommended today and indeed, that 1,700 churches that his body represents also would like to begin to do something in that particular Protestant arena which is composed primarily of black and Puerto Rican churches in the city of New York.

At any rate, he indicated that he would be willing to start a pilot project among those 1,700 churches in those areas where drug abuse is of a high incidence, training theologians to be more aware and to educate them about all the different aspects of addiction which they really do not know about now even though they are involved in counseling and guidance in the churches. That pilot project would entail some support, I would imagine, from governmental sources; certainly it would entail a number of people who are in the professional ranks of drug abuse treatment to be involved in teaching the clergy, which we do not have a relationship with now except on occasional interaction.

I have volunteered the services of my corporation to be involved with the Council of Churches of the city of New York in order to be able to talk about the biochemical aspects of substance abuse which are being now all in the medical literature and certainly in some of the current journals and magazines. We pick them up every day and people are talking about stress and the body is on morphine, et cetera, et cetera, which they do not know about and which they could integrate into their practitioning in order to be able to teach the clergy in a better way so that they could then teach the

parishioners in a better way some of the evils and some of the things to watch out for in substance abuse.

There are many things, for example, which cannot be changed within our society that we feel, and particularly the Council of Churches of the city of New York feels, that will continue to perpetuate the problems of drug abuse.

For example, all the poverty, the poor housing, the unemployment, the endemic crime and living in an inner-city residence. I am sure you have heard them all. This all contributes greatly to stress that people in the inner city have to live under as a consequence of that street, they might stumble upon any one of these substances that relieves the stress. We know indeed that the community of Harlem, for example, there is one liquor store for every 3,000 citizens. In the community of Queens there is one liquor store for every 5,000 citizens. That seems quite strange to me, when the highest or biggest killer of youth, black and Puerto Rican in the Harlem community between the ages of 14 and 35 is cirrhosis of the liver, second only to alcoholism.

I am beginning to wonder, does not the State liquor authority, for example, talk to the State health department before they issue any more liquor licenses in a community which they serve.

We feel that youngsters, other people under stress, 42 percent of all black families headed by a single parent, the mother, a woman with an income of $8,000 a year, that there are not a greater number of people seeking substances to try to do something about this stressful situation.

Our people do not know about how to avoid stress. The mental health facilities within communities where stress is high are not adequate or they do not reach out. There is no outreach effort to bring the people in to teach them how to handle stress. But if they stumble on the availability of a number of these substances, you can see it every day throughout our communities, they are either drinking or smoking grass or they are taking heroin.

My point is that the education of these individuals has to begin at a level and be given to them from individuals like myself in language that they can understand so they can take advantage of it.

You and I can read New York Magazine or the New York Times and we pretty much know about some of the biochemical basis of addiction that have been determined recently. Those individuals do not have the knowledge to even read the Daily News or whatever so as a consequence they have no knowledge about it. I think the effort on the part of the clergy to begin to do pilot projects of that nature within the churches themselves and to reach out and begin to teach on a level that is comprehensible to those affected will do a tremendous job.

In my own program, which was primarily an intervention program, 4 or 5 years ago we had probably the largest prevention unit in the city of New York. We had individuals that would go out to churches, schools, and everywhere else teaching people about substance abuse. Suddenly, the moneys that supported that particular arm of the addiction research and addiction corporation is no longer available.

I think that prevention programs for example should not be free-standing programs but should be a part of a program like Samaritan or Phoenix or ARTC or whatever other agency that already has the expertise within the program so that those individuals who are up on the literature can begin to bring other people up to speed in terms of knowledge about the causes and avoidance things in terms of substance abuse.

I could go on and on, Mr. Chairman. My written testimony has been given to Mr. Jurith. I would more like a little bit of neopractical way of testifying. I would rather you ask me or members of this panel who are experts in our particular fields rather than me sitting down here and telling you and telling you and telling you and somebody reporting it and it goes back to Washington and you see it published in the paper but we never see anything done about it.

It is ironic today that I spoke—there was a lady with him, one of his administrators of the program, and she said "Ten years ago, Doctor, I remember you testifying before a committee of Senator Gallibar up in the Bronx somewhere." At any rate she had pulled that testimony out. I told her that that same testimony could be brought to you here today and repeated and still I feel maybe probably used but your committee would not be able to do anything about it. We are still saying the same things we said 10 years ago.

One of the members of the panel, Mr. Cook, heard me some years ago use this testimony at Adelphi in training. The same things I am saying here today were being said then and very little has been done about it.

My point is I hope what we have done and what we have prepared today has not been in vain and that your committee will indeed do something or we will hear from your committee to let us know what we can do to make you more effective in the legislative halls of our Nation.

Thank you.

[The prepared statement of Dr. Primm follows:]

PREPARED STATEMENT OF BENY J. PRIMM, M.D., EXECUTIVE DIRECTOR, ADDICTION RESEARCH AND TREATMENT CORP.

PREVENTION OF DRUG ABUSE

The search for an effective prevention strategy in drug abuse has been tortuous and far from encouraging. In attempting to delineate fruitful avenues of investigation and concentration, it appears advisable to review basic concepts.

Prevention entails the gamut of intervention in combating a disease or illness or disability. Primary prevention seeks to stop the condition by eliminating its cause. Secondary prevention aims at early identification, diagnosis, isolation and treatment of those already afflicted. Tertiary prevention is highly concentrated treatment for advanced stages of affliction to ameliorate disability and work toward eventual recovery and rehabilitation, where possible.

Most drug abuse prevention is specifically primary, centering on abating the flow of new abusers. To a large extent, the prevention aspects of traditional treatment are underutilized. Compounding this is a tendency for prevention programs to bite off more than they can chew.

Although there is no consensus on the causes of drug abuse, there are certain factors which have been shown, statistically, to have at least an associative or even precursor, relationship with the onset of substance abuse. Many of these are so systemic to the socio-economic structure of this country that they are highly resistant to change. Small scale efforts to address these conditions prove frustrating and wasteful of limited resources.

It is helpful to identify some of the associated factors linked with substance abuse and to categorize them, as follows:

*Highly resistant.*—Poverty; minority group status; poor housing; unemployment; endemic crime; and Inner city residence.

*Resistant.*—Low self-esteem; hopelessness; helplessness; migrancy status; poor 1st grade adjustment; broken home; alienation; and loneliness.

*Vulnerable.*—Peer pressure; peer acceptance; misinformation; prevalence; and religiousity.

Concentration on the vulnerable and the merely resistant factors should prove more effective than well intentioned attacks on the ills of poverty and discrimination which have persisted despite enormous infusions of resources for many, many years. Indeed, many of these more global factors are infinitely complex and less understood than is often assumed.

Since few of the identified factors are universal in impact, or even applicable to all drugs of abuse; target groups should be identified with specific factors that have some support in current theory warranting focus. For example, senior citizens (65 and over) represent 11 percent of the population and consume over 25 percent of all prescription drugs in this country. There is a high incidence of misuse and abuse of these licit substances among the elderly. A prevention strategy to address this problem would do well to target on loneliness, alienation, misinformation, etc.

The association of narcotic use in inner city, minority groups and lack of religious involvement is strong, but fairly ignored. Organized religion remains a virtually untapped resource in the prevention of drug abuse. The structures are already in place, only specific training and orientation might be required to mount a major campaign with hopeful prospects.

For the most part, the factors labeled as "vulnerable" can be addressed by free standing prevention programs. Those labeled "resistant" require coordination of several social action arenas, but are still feasible.

Immediate action can be taken by well founded, comprehensive drug abuse programs to deal effectively with the "vulnerable" factors. These agencies enjoy distinct strategic advantages over "prevention programs" that are tacked onto agencies whose primary mission is outside of drug abuse. They have referral resources, access to more information, research, experience, etc. They can train those with unique skills or backgrounds to be effective with specific target groups.

As an example, established drug abuse programs can train educators to provide prevention services in schools, can train senior citizens (particularly retired health professionals, i.e. doctors, nurses, pharmacists, social workers, etc.) to work in retirement centers, senior citizen day care, and similar institutions. They would then have the resources to back up these workers and provide the concrete ancillary services and facilities for treatment, where necessary.

The drug programs would benefit greatly by expanding the base of their constituency and the support for their continued operation.

By regularly providing treatment for active drug abusers, these agencies already impact on prevalence of use and the contagion effect of drug abuse. By expanding treatment, they expand that impact. Well directed informational efforts could serve to nullify peer pressure to drug use and stem the "pro drug" attitude that seems to be growing.

With increasing frequency, popular publications are presenting factual and important articles relating to the biochemical causes and sequelae of drug abuse, stress and its impact on drug abuse, endogenous morphine-like substances, hormonal regulation and manipulation, etc. Much of this information is quite helpful but is still not reaching those most in need. The burgeoning reservoir of information must be extracted, condensed and presented in a format both attractive and comprehensible to the various target groups.

Drug abusers currently in treatment represent a fertile population of concern. Much as drunk drivers are often required to attend classes on alcoholism that are designed to sensitize them to their problem, drug abusers could be similarly exposed to drug abuse orientation geared to lessen the impact of abuse, disabuse them of myths, and reduce their potential threat to the non-using community.

Religious leaders could be oriented to step-up their involvement in the prevention of substance abuse. Utilizing audio-visual and other formats, teenagers and preteens could be awakened and sensitized, based on factual information presented in a fashion targeted toward them. This would serve to dispel endemic misconceptions about substance abuse, particularly cocaine and marijuana and reverse the growing tolerance and peer acceptance that may tip the scale for those walking the borderline in drug abuse.

Mr. Chairman, as you already have been notifed Dr. Robert Polk, Executive Director of the Council of Churches of the City of New York was unable to be

present to testify today. In my capacity as a consultant to the Council, Dr. Polk requested that I include in my testimony the Council's support for improving the effectiveness of prevention and intervention efforts in our troubled city.

In that regard the Council is willing to work closely and in symphony with the Catholic diocese and Jewish brethren in our city. The Council further proposes that its membership body of seventeen-hundred Protestant churches begin a pilot project to train ministers and laity in the concepts and precepts of drug abuse which will include common drugs of abuse, their socio-psycho and physiological manifestations, and the impact of the community milieu on substance abuse behavior, so that these groups within the Council can more effectively counsel and more effectively serve their communities. A follow-up longitudinal evaluation of the effectiveness of this effort will be pursued.

My staff and I will assist in this holistic endeavor which will indeed allow the church, an untapped but valuable instrument to join forces within this City to ameliorate the great disease entity of substance abuse.

POPULAR ARTICLES OF NOTE

1. "Future Drugs," Jeff Goldberg & Dean Latimer, High Times, January 1980.
2. "The Little Black Box for the Body's Defense," Robert Ader, Psychology Today, August 1981.
3. "The Cocaine Express," Anthony Haden-Guest, New York Magazine, September 7, 1981.
4. "STRESS—A Psychiatrist's Realistic Holistic Approach," H. G. Whittington, Savvy, February 1981.

Mr. ZEFERETTI. Let me thank you all and to directly respond to you, there has been much testimony over the years. I think though for the first time we will be bringing some of the people together. For the first time we are looking at what changes can be made and cooperative efforts can be made. I do apologize to you there is not a full committee standing up here to respond to you and ask you the questions that would be meaningful. But we have turned that corner a little bit because we recognize for the first time there will not be the money available for the kind of broad base program necessary.

We are addressing it as a three-part kind of program, talking about intervention, prevention, and treatment, aside from law enforcement and the legislation that will be needed to prevent the trafficking of drugs into our country which leads to big money and the social ills of the inner city. I might say to you, sir, it is not only the inner cities faced with that problem today, because if you go as far west as California and as far south as Florida, and you come up here, you go into the most affluent areas of this country of ours and you find people overcome with the problems of drug and alcohol abuse and looking for a solution to those problems. We are talking for the first time of cooperating with bringing together labor, business, and government and talking about a substitution of effort, not necessarily dollars but some other types of expertise and ideas that could lend itself to that kind of impact.

I am very much caught up in the enthusiasm of getting that started. We are talking to parental groups throughout the country who say educate us, tell us how we can help. I was glad to hear Mr. Cook say they go into it in labor seminars, they are educating those who do not have the ability to get that information.

You talk about the moralistic issues that are involved, the mores that suddenly accept drug and alcohol abuse that it is something we all have to participate in if we want to be socially accepted, those things can be fought in pilot programs and the pulpits that you are talking about.

But it can only come about by bringing the people together that can assist us in formulating a strategy. We need Government and especially the executive branch of Government to lead the way. Unless they realize it is a priority too, we are not going anywhere.

As I said earlier, we are the only game in town in Washington, but I would hope, sir, that with that only game in town, we can get the kinds of prayers to join us in this understanding.

I am encouraged because of the testimony and enthusiasm we hear coming from people like yourself who are sick and tired of just talking about it and want to see some effort made. I can assure you the effort will be made only if we can bring all factors together. If we can bring all the faiths together in that one effort, I think we will be doing something constructive. You are absolutely correct, there should be those of us here asking you those questions that are meaningful. We will continue to be in touch with you and work with you, not only with those who can lend themselves overall to a big program but in the grassroots area. Unless we attack it on a community level we are not going anywhere. Unless we can reach inside and talk to some people, the very people we might have to reach are the parents, who might have to be educated in terms of their own children being caught up in some kind of drug or alcohol problem. Until we do that, we are letting everybody down. But I can assure you that effort is genuine and real and that committee is attacking it with a concept we think possibly will work.

We have asked people testifying today, do you think it will work? Some have said in the confines of a big city like this it will be difficult. Others said no. We do think it will work, but only if we can have cooperation from each and every one of you. Again, I think labor, not only on a municipal level, because I know that is what you are involved with, Mr. Cook, but I think it has to be a broad-based labor input. Not only productivity, not only the lack of it is a consideration. But as you indicated, the family that gets destroyed along the way, we have to address that. That is one of the ways industry can help us in working together toward that end. So, again, I am going to adjourn this meeting because of the time constraints that we have, but I do not want you to feel it is the end of any kind of going forward. You are going to be possibly called again and again, and I welcome any kind of information, any kind of input you feel you can make. Feel free to deal with us on a one-to-one basis, because I think a meaningful effort has to be brought forth if we are to make any sort of movement. We will not cure anything or solve all the problems, but as I said earlier, I sure as heck would like to make an impact. I look at these kids and some of the adult problems we have sometimes overlooked, because we always find ourselves looking the other way. Please send us information you feel may be constructive.

In the area of legislation, we do not have the ability to change that at this particular point, we are sort of locked in. But I can tell you this is one of the reasons why it is so very important that we can bring in industry, labor, and business as a cooperative bond and if need be maybe those tax incentive laws can be put together to give those people the incentive to reinvest in humanity, maybe

that is the best way to call it. And again, thank you so very much for being with us and staying for such a late hour.

The hearing is adjourned pending call of the Chair.

[Whereupon, at 5 p.m., the committee was adjourned, to reconvene at the call of the Chair.]

[The following was submitted for the record:]

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October 16, 1981

Statement of Dr. Russell Farnen, West Hartford, CT to the Select Committee on Narcotic Abuse and Drugs

"Beyond Drugs - The Channel One Experience"

In the 1980s, many of those working in the field of drug abuse prevention and treatment have come to realize that the issue of drug abuse is too parochial a concern, that drug abuse escapes successful treatment, and that a preoccupation with drug abuse to the exclusion of the abuser's total environment results in fruitless efforts to treat the symptoms of the malady rather than its underlying causes.

In the Channel One project director's (Al Duca's) reports and recommendations to NIDA six years ago the suggestion was made that community well being must also be addressed if solutions to the drug problem were to be found. In other words the basic idea presented hypothesized that a valid and effective mode of treatment and prevention was through reinforcement of career development for young people in conjunction with local institutions which supported such development. The proposal then made to NIDA, which is equally relevant today, was for NIDA to publicize the efforts of groups such as the Gloucester Experiment/Channel One for the edification of those policy makers who enjoy leadership roles in combatting drug abuse. These informed leaders would thus be armed with workable concepts and useful tools with which they could promote the mature development of youth who are pursuing or who want to pursue the preoccupying business of work - - while enjoying the self esteem which accompanies satisfactory work. In sum the most important issue which must be faced by NIDA as well as by policymakers and leaders in the field is more concerned with the broader question of how the life opportunities of youth can be enhanced rather than the narrow issue of preventing drug abuse.

By giving high visibility to Channel One and its parent organization, the Gloucester Experiment, NIDA has played an effective role

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in this regard in the past. However, it would appear that this role is no longer a productive one for NIDA in that it is too closely linked to identifying the underlying problem solely with drugs rather than with other surrounding environmental causes - - rather it would seem to be a far more effective approach to enact enabling legislation providing for the disbursement of available funds for assistance to local organizations whose interests and activities are central to the improvement of community programs which address the totality of the local environment, part of which contain elements of the drug sub-culture.

Other national programs such as ACTION probably have a better understanding of these community processes owing to the wealth of experience in local affairs which they have developed over the years. Such organizations seem better suited to serve localities and to address (through volunteer efforts) the basic issues of community which localities perceive as being central to individual, group, and social well being and health. These groups can best promote a new spirit of community volunteerism through advocacy of the accountable and viable concept of "process" (see other materials attached) in attaining stated objectives which will benefit the individual in the community setting.

The materials now being produced by the Channel One Clearinghouse Corp. in Gloucester, MA incorporate the basic ideas which promote effective community processes, decision making, organization, and products. Although they have been designed with the broadest possible audience in mind and are global in that sense, nevertheless the root causes of individual and group malaise are also thereby addressed and in this sense the materials are both humanistic and generic in their approach. The Channel One Clearinghouse publications provide both accurate, specific, and workable information on community process activities and, at the same time, guides to the more salient issues which go beyond drugs, based on their studies, analyses, and experience in the field over the last decade. Simply put, with the endorsement of this Select Committee, NIDA should be encouraged to support, so as to further its

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own mandate and mission, increased visability for local programs and generic materials (such as those produced by the Channel One Clearinghouse) so that the interest which was so recently common to both NIDA and Channel One may be preserved for the future. The obvious benefits to individuals, groups, and communities seeking viable responses and alternatives to drugs are also addressed in the materials attached to this statement.

Thank you for this opportunity to add to the testimony you obtained on September 14, 1981. If I may be of further service to the Select Committee, please do not hesitate to write or call me at the above address.

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